1736

Department of Health & Mental Hygiene, Vital Records

Birth Certificates

Baltimore City

STATE OF MARYLAND

HR-RM 26
(5-1-54)
Hall of Records Commission

FILE ARRANGEMENT

Numerical Order

Some Birth Certificates are missing at time of filming and have been Lost

STATE OF MARYLAND

HR-RM 28
(2-1-54)
Hall of Records Commission

CERTIFICATION

This is to certify that the microphotographs appearing on this reel are accurate and complete reproductions of the file

Birth Certificates Baltimore City
(Name of file)

of DHMH Vital Records
(Agency).

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Sunhild D Bolander

Date July 27, 1978

STATE OF MARYLAND

HR-RM 36
(4 - 1 - 54)
Hall of Records Commission

RETURN OF A BIRTH. 64272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 17, 1895.
4. *Place of Birth, (Street and Number)* 2816 Cedar ave.
5. *Full Name of Mother,* Margaret - Zimmerman.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,* Geo. W. Zimmerman.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 5 mos. gestation - Child living & well.

8950002020

Wm. J. C. Dulany Co., City Printers and Stationers.

...pation of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...the Commissioner of Health. In case the birth of any child ...r practioner of midwifery, or should no other person be in ...it shall become the duty of the person or parents of such ...h, in the manner and within the period above required, and ...o comply with the provisions of this section shall be sub- ...o be recovered as other fines and forfeitures are recoverable.

...each conviction in sex, color, the full name and occupation ...said schedule shall be delivered, duly signed by the practitio... ...third day of each and every month to the office of the Co... ...shall occur without the attendance of a physician or practi... ...attendance upon the mother, immediately thereafter it sha... ...child to report its birth to the Commissioner of Health, in t... ...any such person or persons who shall hereafter fail to comp... ...jected to the fine of ten (10) dollars for each offence, to be re...

RETURN OF A BIRTH. 64273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 17/45
4. Place of Birth, (Street and Number) Maternité Hospital. 1160 Lombard St
5. Full Name of Mother, Lizzie Hanuck
6. Mother's Maiden Name, "
7. Mother's Birthplace, Russ
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Alfred F. Gundry M.D. 1160 Lombard St.

Address,

Remarks, 1 8 4 5 0 0 0 2 0 2 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 64274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 March 95.
4. Place of Birth, (Street and Number) 818 Shutter St
5. Full Name of Mother, Mary Kalmen
6. Mother's Maiden Name, Mary Beasek
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Jseph Kalmen
9. Father's Occupation, Laber
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Josephian Conrad

Address, 1621 Barnes St Baltimore Md

Remarks,

8 4 5 0 0 0 2 0 2 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

pation of its parents, the date and place of birth, and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
r practioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
h, in the manner and within the period above required, and
child to report its birth to the Commissioner of Health, in the
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitio
third day of each and every month to the office of the Co
shall occur without the attendance of a physician or practi
attendance upon the mother, immediately thereafter it sha

RETURN OF A BIRTH. 14375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child. Benjamin Richard Turner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex*, (state whether male or female) Boy
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, March 18/95
4. *Place of Birth*, (Street and Number) 2811 Hudson Str.
5. *Full Name of Mother*, Amalie Turner
6. *Mother's Maiden Name*, Masch
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, Benjamin Turner
9. *Father's Occupation* Laborer
10. *Father's Birthplace*, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Diffenbacher

Address, 2225 Gough St.

Remarks,

1895 00002023

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 18/95
4. *Place of Birth, (Street and Number)* 210 S. Castle St.
5. *Full Name of Mother,* Dora Mc Craken
6. *Mother's Maiden Name,* " Reinicke
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo. Mc Craken
9. *Father's Occupation* Cannmaker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

1895 0002024

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18 th 95
4. Place of Birth, (Street and Number) 2405 Francis st
5. Full Name of Mother, Alice Mc Quinn
6. Mother's Maiden Name, " Hatem
7. Mother's Birthplace, Balto Co
8. Full Name of Father, E. H. McQuinn
9. Father's Occupation, Machinist
10. Father's Birthplace, Balto Co.

Name of Medical Attendant, or other person who makes this Return, L. H. Fry

Address, 2414 E. H. Ave

Remarks, 1895000 2025

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 18, 1895.
4. *Place of Birth, (Street and Number)* 517 St. Mary's St.
5. *Full Name of Mother,* Sarah Elizabeth Johnson.
6. *Mother's Maiden Name,* Smith.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* William Cornelius Johnson.
9. *Father's Occupation* Rheostatter.
10. *Father's Birthplace,* Pa.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 8950002026

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 18/42
4. *Place of Birth, (Street and Number)* Maternite Hospital, 1116 W Lombard St
5. *Full Name of Mother,* Nellie Smith
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Penn.
8. *Full Name of Father,* Unknown
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, Alfred J. Sandry M.D.

Address, 1116 W Lombard St.

Remarks,

8 9 5 0 0 0 2 0 2 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18 96
4. Place of Birth, (Street and Number) Maternité Hospital, 116 W Lombard St
5. Full Name of Mother, Mary A. Morris
6. Mother's Maiden Name, "
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Alfred C. Gundry M.D. 116 W Lombard St.

Address,

Remarks,

1 8 9 5 0 0 0 2 0 2 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 19. 95
4. *Place of Birth, (Street and Number)*	1681. Groves Place
5. *Full Name of Mother,*	Emma Taylor
6. *Mother's Maiden Name,*	Galvers
7. *Mother's Birthplace,*	"
8. *Full Name of Father,*	Balto. Md.
9. *Father's Occupation,*	L. D. Taylor
10. *Father's Birthplace,*	Hucksters
Name of Medical Attendant, or other person who makes this Return,	Balto
Address,	E. L. Peterson M. D.
Remarks,	1058 N. Broadway

1 8 9 5 0 0 0 2 0 2 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-26-66

RETURN OF A BIRTH. 64282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elizabeth Evelyn Leitch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 19 1895.
4. Place of Birth, (Street and Number) 1122 Argyle Ave
5. Full Name of Mother, Elizabeth M. Leitch
6. Mother's Maiden Name, Keech
7. Mother's Birthplace, Md.
8. Full Name of Father, John T. Leitch
9. Father's Occupation R. R. Employee
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, G Lane Taneyhill

Address, 1103 Madison Ave.

Remarks,

8 9 5 0 0 0 2 0 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

keep correctly its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* F
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* March 5th 95
4. *Place of Birth, (Street and Number)* 906 Clifton Place
5. *Full Name of Mother,* Henrietta Bell Brooks
6. *Mother's Maiden Name,* " Bell
7. *Mother's Birthplace,* Texas Deer Park R.R.
8. *Full Name of Father,* Porter
9. *Father's Occupation* Va
10. *Father's Birthplace,* Va Fireman Coal Road

Name of Medical Attendant, or other person who makes this Return, Dr Frederick

Address,

Remarks, 1895 0002031

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 the

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 20 of March

4. *Place of Birth, (Street and Number)* 2220 Easton Ave.

5. *Full Name of Mother,* Rose Propst

6. *Mother's Maiden Name,* = Jäger

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* William Propst

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* W. Pensylvania

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss

Address, 2122 Easton Ave.

Remarks,

8 9 5 0 0 0 2 0 3 2

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Werner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 21st 1895
4. *Place of Birth, (Street and Number)* 1935 Fairmount Ave Balto
5. *Full Name of Mother,* A. M. Werner
6. *Mother's Maiden Name,* A. M. Ingram
7. *Mother's Birthplace,* Lancaster County Va
8. *Full Name of Father,* George P. Werner Jr
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return Mrs Hannah Krantz

Address, 2103 Orleans Street

GIVEN NAME ADDED 6-2-52

Remarks,

8 9 5 0 0 0 2 0 3 3

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 2 1 Marsh
4. Place of Birth, (Street and Number) 1018 Chase st.
5. Full Name of Mother, Marie Kaiser
6. Mother's Maiden Name, Grenzer
7. Mother's Birthplace, Germanie
8. Full Name of Father, Adam Kaiser
9. Father's Occupation, carpenter
10. Father's Birthplace, B Germanie

Name of Medical Attendant, or other person who makes this Return, Anna Walber

Address, 928 N. Central Avenue

Remarks,

8950002034

said schedule shall be delivered, duly signed by the practitioner and the date and place of birth and the name, if any, of the child, the certificate shall be in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the attendance upon the mother, immediately thereafter, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21 March
4. *Place of Birth, (Street and Number)* 1035 Central Avenue
5. *Full Name of Mother,* Madeleine Schwarzer
6. *Mother's Maiden Name,* Linkart
7. *Mother's Birthplace,* Elsace
8. *Full Name of Father,* Simon Schwarzer
9. *Father's Occupation,* schoemacker
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 908 N. Central Avenue

Remarks,

8950002035

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 of March
4. *Place of Birth, (Street and Number)* Rose St.
5. *Full Name of Mother,* J 16 Bittner
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bavaria (Germ.)
8. *Full Name of Father,* John Bittner
9. *Father's Occupation* Milk Dairy
10. *Father's Birthplace,* Bavaria (Germ.)

Name of Medical Attendant, or other person who makes this Return, Mrs G. Weiss

Address, 2122 Canton Ave.

Remarks,

8 9 5 0 0 0 2 0 3 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 64289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	March 21-95
4. *Place of Birth, (Street and Number)*	631 Columbia ave
5. *Full Name of Mother,*	Kate Mozingo
6. *Mother's Maiden Name,*	Kate Matthews
7. *Mother's Birthplace,*	Charleston. Virg.
8. *Full Name of Father,*	Alonzo Mozingo
9. *Father's Occupation,*	Cabinet-Maker
10. *Father's Birthplace,*	Lancaster Co. Virg
Name of Medical Attendant, or other person who makes this Return.	Harry Boyd
Address,	677 Columbia ave.
Remarks,	8950002037

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 64290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Arthur Fulgham

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ond

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 21st 1895
4. Place of Birth, (Street and Number) 439 Orchard st.
5. Full Name of Mother, Mary Fulgham
6. Mother's Maiden Name, " James.
7. Mother's Birthplace, Pocomoke City
8. Full Name of Father, Solomon Fulgham
9. Father's Occupation, Waiter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Ida Pollack M.D.

Address, 1030 McCulloh St

Remarks, GIVEN NAME ADDED 3-19-54

8 9 5 0 0 4 0 0 2 0 3 8

Wm J C. Dulany Co., City Printers and Stationers.

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 22nd 95
4. Place of Birth, (Street and Number) 2308 E Fayette St.
5. Full Name of Mother, Ana Herman
6. Mother's Maiden Name, Gumpknecht
7. Mother's Birthplace, Germany
8. Full Name of Father, John Herman
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, S. H. Seldner. M. D.

Address, 159 S Bayer St

Remarks, 8950002039

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 22nd 95
4. Place of Birth, (Street and Number) Milton Pl near North ave
5. Full Name of Mother, Emma Lukus
6. Mother's Maiden Name, Grindel
7. Mother's Birthplace, Frederick Md
8. Full Name of Father, August W. Lukus
9. Father's Occupation, Lutter Merchant
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, S. W. Selgner M.D.

Address, 1501 N Eager St.

Remarks, 8950002040

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Blk
3. *Date of Birth,* Mar 23 95
4. *Place of Birth, (Street and Number)* 10 Clay St.
5. *Full Name of Mother,* Emily Myers
6. *Mother's Maiden Name,* Emily Brown
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Henry Myers
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, Edward Geer

Address,

Remarks, 18950002041

~~8950002041~~

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 64294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Minnie. Walden. 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 23rd. March 1895
4. *Place of Birth, (Street and Number)* 508. Duncan. Alley
5. *Full Name of Mother,* Minnie R. Walden
6. *Mother's Maiden Name,* Saine
7. *Mother's Birthplace,* King and Queen Co. Va
8. *Full Name of Father,* Wm Smith
9. *Father's Occupation,* Laboring
10. *Father's Birthplace,* King and Queen Co. Va

Name of Medical Attendant, or other Person who makes this Return. Mary J. Cosier

Address, 508 Duncan Alley

Remarks, X

1 8 9 5 0 0 0 2 0 4 2

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 64295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 23/95
4. Place of Birth, (Street and Number) Maternite Hospital, 113 W Lombard St.
5. Full Name of Mother, Hester Turner
6. Mother's Maiden Name, "
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Alfred T. Sandy M.D.

Address, 113 W Lombard St.

Remarks,

8950002043

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 14296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 23, 95
4. *Place of Birth, (Street and Number)* Maternité Hospital, 116 W Lombard st
5. *Full Name of Mother,* Mary Stokes
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Unknown
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, Alfred I. Gundry M.D.

Address, 116 W Lombard St.

Remarks,

8950002044

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64297

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third
1. *Sex (state whether male or female)*	male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	24 March 95
4. *Place of Birth (Street and Number)*	1215 Raburge st
5. *Full Name of Mother*	Mary Carey
6. *Mother's Maiden Name*	Naylor
7. *Mother's Birthplace*	Citizen
8. *Full Name of Father*	Henry Carey
9. *Father's Occupation*	Stable Mark
10. *Father's Birthplace*	Citizen
Name of Medical Attendant, or other Person who makes this Return.	Mary C Jones
Address	1216 Saratoga st
Remarks	

8 9 5 0 0 0 2 0 4 5

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 64298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 27th 1895
4. *Place of Birth, (Street and Number)* 514 Gurnett Ave City Annex
5. *Full Name of Mother,* Lanaellen Hoffman
6. *Mother's Maiden Name,* Lanaellen Bentz
7. *Mother's Birthplace,* Manchester Carroll Co Md
8. *Full Name of Father,* Henry F H Hoffman
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Margret Hainsel

Address, 24 Quaker Lane Baltimore City annex

Remarks,

8 4 5 0 0 0 2 0 4 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 24 of March 1895
4. Place of Birth, (Street and Number) 127½ Harrison Street
5. Full Name of Mother, Rosie Shiller
6. Mother's Maiden Name, Rosie Jagendorf
7. Mother's Birthplace, Oestrich Bukowina
8. Full Name of Father, Leopold Shiller
9. Father's Occupation, separator of Santy
10. Father's Birthplace, Bucharest Romania

Name of Medical Attendant, or other person who makes this Return, Eva Bohn Midwife

Address, 127½ Harrison Strut

Remarks, Mother and Child both Health

8 9 5 0 0 0 2 0 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

...upation of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...the Commissioner of Health. In case the birth of any child ...said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health, or should no other person be in ...third day of each and every month to the office of the person or parents of such ...or practioner of midwifery, or should no other person be in ...shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such ...attendance upon the mother, immediately thereafter. It shall become the duty of the person above required, and ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 the

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 of March
4. *Place of Birth, (Street and Number)* 2429 Canton Ave
5. *Full Name of Mother,* Mary E. Leitz
6. *Mother's Maiden Name,* = Böhm.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Leitz
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Miss E. Weiss.

Address, 2429 Canton Ave

Remarks,

8950002048

Wm. J. C. Dulany Co. [illegible]

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner of midwifery, of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 24 March
4. *Place of Birth, (Street and Number)* 1507 Stephens Av.
5. *Full Name of Mother,* Marie Reussing
6. *Mother's Maiden Name,* Brunner
7. *Mother's Birthplace,* Germanie
8. *Full Name of Father,* John Reussing
9. *Father's Occupation,*
10. *Father's Birthplace,* Germanie

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 N. Central Avenue

Remarks,

8450002049

Wm J C. Dulany Co., City Printers and Stationers.

Been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 24 March
4. *Place of Birth, (Street and Number)* 1243 Eager st.
5. *Full Name of Mother,* Emilie Benesch
6. *Mother's Maiden Name,* = Hocheimer
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Moses Benesch
9. *Father's Occupation,* =
10. *Father's Birthplace,* Germanie

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Central Avenue

Remarks,

8950002050

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar 24
4. *Place of Birth, (Street and Number)* 116 Market Space
5. *Full Name of Mother,* Gussie Stein
6. *Mother's Maiden Name,* Gussie Rolanski
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Abe Stein
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Edwd Jeet

Address,

Remarks,

8950002051

Wm. J. C. Dulany Co., City Printers and Stationers.

...be ascertained the full name of each child, if any shall have ...month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the ...been conferred; its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* —

3. *Date of Birth,* March 24th 1915

4. *Place of Birth, (Street and Number)* 1020 E. Eutaw Ste

5. *Full Name of Mother,* Rose Potter

6. *Mother's Maiden Name,* Susan Lee

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Peter Potter

9. *Father's Occupation* Farmer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Dr. W. L. Crawford

Address, 1017 Eutaw Ste

Remarks, 8 9 5 0 0 0 2 0 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64305-4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st,

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white,
3. Date of Birth, 25th March
4. Place of Birth, (Street and Number) Bowen St. 1124,
5. Full Name of Mother, Sophie Marie Tiefenbach
6. Mother's Maiden Name, Sophie Marie Horst,
7. Mother's Birthplace, Bremerhaven, Germany
8. Full Name of Father, Moritz Richard Tiefenbach
9. Father's Occupation Store-keeper
10. Father's Birthplace, Grafenhain, Germany (Saxony)

Name of Medical Attendant, or other person who makes this Return, Mrs. A. E. Bischof

Address, 529 Columbia Avenue

Remarks,

8950002053

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 of March
4. Place of Birth, (Street and Number) 2116 Canton Av
5. Full Name of Mother, Amy E Bennet
6. Mother's Maiden Name, Smet
7. Mother's Birthplace, Balto
8. Full Name of Father, William Bennet
9. Father's Occupation Huckster
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs E. Weiss

Address, 2122 Canton Ave.

Remarks,

8950002054

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...tion of the practitioner in the form of a certificate between the first and ...ctitioner in the form of a certificate the birth of any child ...e Commissioner of Health. In case no other person be in ...said schedule shall be delivered, duly signed by the office or practitioner of such ...third day of each and every month of a physician or it shall become the duty of the person or parents of such ...shall occur without the attendance of a physician or midwifery, or should ...immediately thereafter it shall become the duty of the person above required, and ...attendance upon the mother, immediately within the period above required, and ...in the manner and within the provisions of this section shall be sub-...child to report its birth to the Commissioner of Health, in the ...comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. ...any such person or persons who shall hereafter fail to ...

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 64307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 27/95
4. Place of Birth, (Street and Number) 1306 N Bond St
5. Full Name of Mother, Mary J. Hammel
6. Mother's Maiden Name, Ark
7. Mother's Birthplace, Balto
8. Full Name of Father, Jacob B. Hammel
9. Father's Occupation, Collector
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, S. H. Selzer M.D.

Address, 1501 N Wager St.

Remarks, 8950002055

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 64348

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex (state whether male or female)* male

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* 27 March 95

4. *Place of Birth (Street and Number)* 1011 Vincent alley

5. *Full Name of Mother* Georgie Clark Johnson

6. *Mother's Maiden Name* [illegible]

7. *Mother's Birthplace* Anderal, Co Md

8. *Full Name of Father* Henry Clark

9. *Father's Occupation* driver wagon

10. *Father's Birthplace* Anderal Co Md

Name of Medical Attendant, or other Person who makes this Return. Mary Co Davis

Address 1121 Saratoga St

Remarks

8950002056

RETURN OF A BIRTH. 64309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 27th 1895
4. Place of Birth, (Street and Number) old york Road Cut
5. Full Name of Mother, Bertha Mc Donald
6. Mother's Maiden Name, Bertha Shipley
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Charles Mc Donald
9. Father's Occupation gas fitter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Margret Heinkel

Address, No 24 Gunaker Lane City Nurse

Remarks,

8 9 5 0 0 0 2 0 5 7

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be recovered as other fines and forfeitures are recoverable.

jected to the fine of ten (10) dollars for each offence, to

any such person or persons who shall hereafter fail to com-

child to report its birth to the Commissioner of Health, in

attendance upon birth to the Commissioner of Health, in the

shall occur without the mother, immediately thereafter it shall

third day of each and every month to the physician or practi-

said schedule shall be delivered, duly signed by the practi-

of the Commissioner of midwifery, or should no other person

practitioner in the form of a certificate between

Commissioner of Health. In case the birth of any child

RETURN OF A BIRTH. 643102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 27 th 1895
4. Place of Birth, (Street and Number) 427 N. Fremont Ave
5. Full Name of Mother, Mary Catherine Brown
6. Mother's Maiden Name, Mary Catherine Cook
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Calvert Claylon Brown
9. Father's Occupation Bricklayer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 231 Poppleton St

Remarks,

8 9 5 0 0 0 2 0 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2 Child

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*) Colord
3. *Date of Birth,* 28 march
4. *Place of Birth,* (*Street and Number*) Aultbine Street 1604
5. *Full Name of Mother,* Eliza Weatherald
6. *Mother's Maiden Name,* Eliza Ringgold
7. *Mother's Birthplace,* Sent Island
8. *Full Name of Father,* Harry Ringold
9. *Father's Occupation,* Drayman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Mondowney

Address, 220 Collet Street

Remarks,

1895000 2059

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64 312 c

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 29 - 1895.
4. *Place of Birth, (Street and Number)* 306 S. Exeter St.
5. *Full Name of Mother,* Addie Lowell
6. *Mother's Maiden Name,* Belle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lewis Lowell
9. *Father's Occupation,* Brass Molder
10. *Father's Birthplace,* Canada

Name of Medical Attendant, or other person who makes this Return, C. J. Chaires M.D.

Address, 4 S. Exeter St.

Remarks,

1895 0002060

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH. 64313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 8950002061

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* March the 30 1895
4. *Place of Birth, (Street and Number)* Howard st 627
5. *Full Name of Mother,* florence Staton
6. *Mother's Maiden Name,* florence golden
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* James golden
9. *Father's Occupation* labour
10. *Father's Birthplace,* south Caroliner

Name of Medical Attendant, or other person who makes this Return, rasrat Jane Wilson

Address, 124 west Hurey st

Remarks, full 9 months

8 9 5 0 0 0 2 0 6 2

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	30th March 1895.
4. *Place of Birth, (Street and Number)*	Andre St. 1431.
5. *Full Name of Mother,*	Anna Greek
6. *Mother's Maiden Name,*	" Johnson
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	James Greek
9. *Father's Occupation*	Leber
10. *Father's Birthplace,*	New York.
Name of Medical Attendant, or other person who makes this Return,	Lizzie Schaeffer
Address,	6 Fell Alley 1105.
Remarks,	

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 5 0 0 0 2 0 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 21st 95 12.45 a m

4. *Place of Birth, (Street and Number)* *833 Augusta St.

5. *Full Name of Mother,* Jennette Robina Sherwood

6. *Mother's Maiden Name,* Jennette Robina Haggood

7. *Mother's Birthplace,* Baltimore Maryland

8. *Full Name of Father,* John Henry Sherwood

9. *Father's Occupation* Compositor

10. *Father's Birthplace,* Warrington Virginia

Name of Medical Attendant, or other person who makes this Return, G Hendry Chabot M.D.

Address, 1111 E. Preston St.

Remarks,

8 Y 5 U 0 0 2 0 6 4

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	31 March 1895
4. *Place of Birth, (Street and Number)*	Hull St No 1730.
5. *Full Name of Mother,*	Annie Bowden
6. *Mother's Maiden Name,*	" Bennett
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Littleton Bowden
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Lizzie Shaeffer
Address,	E Fort ave 1205
Remarks,	

1895 U 0002065

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-23-60

RETURN OF A BIRTH. 64318/1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry McLaughlin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 29, 1895
4. *Place of Birth, (Street and Number)* 401 Fremont
5. *Full Name of Mother,* Ella McLaughlin
6. *Mother's Maiden Name,* Ella Coulter
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Wm Franklin
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 93 N Poppleton St

Remarks,

8 4 5 0 0 0 2 0 6 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)* 663 Columbia ave
5. *Full Name of Mother,* Catherine Kimme
6. *Mother's Maiden Name,* " Warrington
7. *Mother's Birthplace,* Delaware
8. *Full Name of Father,* Anthony Kimme
9. *Father's Occupation* Deceased
10. *Father's Birthplace,* Delaware

Name of Medical Attendant, or other person who makes this Return, Geo R Hahaus MD

Address, 725 Columbia ave

Remarks,

8 4 5 0 0 0 2 0 6 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

the full name of each child, (if any shall have its parents, the date and place of birth; and the in the form of a certificate between the first and ssioner of Health. In case the birth of any child r of midwifery, or should no other person be in become the duty of the person or parents of such manner and within the period above required, and with the provisions of this section shall be sub- ered as other fines and forfeitures are recoverable.

as the same can be ascertained; the full name and occupation of the practitioner in the been conferred) its sex, color, the said schedule shall be delivered, duly signed by third day of each and every month to the shall occur without the attendance of a attendance upon the mother, immediately child to report its birth to the Commissioner any such person or persons who shall jected to the fine of ten (10) dollars for

RETURN OF A BIRTH. 64320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Kind

1. *Sex, (state whether male or female)* Male Jem
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* 26 March 1895
4. *Place of Birth, (Street and Number)* 210 N. Exeter st
5. *Full Name of Mother,* Ida Sirop
6. *Mother's Maiden Name,* Europa
7. *Mother's Birthplace,* Md Sirop
8. *Full Name of Father,* Bigler
9. *Father's Occupation,* Europa
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. L. Handler

Address, 1113 E Pratt st

Remarks,

8 9 5 0 0 0 2 0 6 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...ascertained the full name of each child (if any shall have ...mouth, and shall set forth as far as the same can be ascertained ...been conferr..d) its sex, color, the full name and occupation of ...been conferred, d) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 1st 1895
4. Place of Birth, (Street and Number) 723 W. Lombard St.
5. Full Name of Mother, Florence W. Webner
6. Mother's Maiden Name, Lentus
7. Mother's Birthplace, Balto Co. Md.
8. Full Name of Father, Henry W. Webner
9. Father's Occupation, Physician
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Henry W. Webner M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor.

8 7 5 0 0 0 2 0 6 9

Wm J C. Dulany Co., City Printers and Stationers.

64322 c

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 3d 1895
4. Place of Birth, (Street and Number) 311 Ringold St.
5. Full Name of Mother, ~~James Clinton Cook~~ Lucy F Cook
6. Mother's Maiden Name, Dunn
7. Mother's Birthplace, Virginia
8. Full Name of Father, James Clinton Cook
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Henry W Hebner M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor

1895000020 70

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Velma Virginia White

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Mch 3. 1895
4. *Place of Birth, (Street and Number)* 558 E Biddle
5. *Full Name of Mother,* Mary E. White
6. *Mother's Maiden Name,* Koontz
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* David White
9. *Father's Occupation* Collector
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Edward H Worden MD

Address, 1403 W Fayette St

Remarks, OTHER NAME ADDED. 8-20-52

1895000207 1

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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64324

RETURN OF A BIRTH.

GIVEN NAME ADDED 3/9/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Mildred A. Powers

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex*, (state whether male or female) Female
2. *Race or Color*, (if not of the white race)
3. *Date of Birth*, Mch 4 / 95
4. *Place of Birth*, (Street and Number) 1803 W Mulberry St
5. *Full Name of Mother*, Cora F. Powers
6. *Mother's Maiden Name*, Farrington
7. *Mother's Birthplace*, Maine
8. *Full Name of Father*, Francis Powers
9. *Father's Occupation* Salesman
10. *Father's Birthplace*, Maine

Name of Medical Attendant, or other person who makes this Return, Edward H London MD

Address, 1403 W Fayette St

Remarks,

8950002072

begun collected its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 5, 1895
4. Place of Birth, (Street and Number) 1610 Lemon St
5. Full Name of Mother, Theresa D Hersh
6. Mother's Maiden Name, Bucking
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adam Hersh
9. Father's Occupation, Motorman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, H. W. Widmer, M.D.

Address, 723 W. Lombard St.

Remarks, Delivered With forceps.

8 9 5 0 6 0 2 0 7 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* March 5 1895

4. *Place of Birth, (Street and Number)* # 2030 Druid Hill Ave.

5. *Full Name of Mother,* Ella Pearl Coleman

6. *Mother's Maiden Name,* Baltimore City Md

7. *Mother's Birthplace,* Colorado

8. *Full Name of Father,* Lester

9. *Father's Occupation* Baltimore City Md

10. *Father's Birthplace,* Dallas Texas

Name of Medical Attendant, or other person who makes this Return, # 522 N. Pattison Park Ave

Address,

Remarks,

1 8 9 5 0 0 0 2 0 7 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 64327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First one

1. *Sex, (state whether male or female)* Femail
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* th 22 of March
4. *Place of Birth, (Street and Number)* 1815 Cedemhall st
5. *Full Name of Mother,* Gussie Semfer
6. *Mother's Maiden Name,* Gussie Semell
7. *Mother's Birthplace,* Calvert County Mary
8. *Full Name of Father,* Bemfer Semfer
9. *Father's Occupation* formner in county
10. *Father's Birthplace,* Calvert Cenby Mary

Name of Medical Attendant, or other person who makes this Return, Anne M Cave Grant

Address, 815 Cedemhall st

Remarks,

8950002075

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 16- 1895-
4. *Place of Birth, (Street and Number)* Wilton Dr. 1311.
5. *Full Name of Mother,* Ella Louise Dorsey
6. *Mother's Maiden Name,* " " Boston
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Eugene L Dorsey
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Montgomery Co Md

Name of Medical Attendant, or other person who makes this Return, Ida Pollack M D

Address, 1030 McCulloh St

Remarks,

3 9 5 0 0 0 2 0 7 6

Wm J C. Dulany Co., City Printers and Stationers.

...been conferred on its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 21st 1895.
4. Place of Birth, (Street and Number) Moores Alley 543
5. Full Name of Mother, Mary Ridout
6. Mother's Maiden Name, Mary Johns
7. Mother's Birthplace, Baltimore
8. Full Name of Father,
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Ida Pollack M. D

Address, 1030 N Eutaw St

Remarks,

1 8 9 5 0 0 0 2 0 7 7

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 27-95
4. *Place of Birth, (Street and Number)*	614 Gilbert St
5. *Full Name of Mother,*	Josephine Wilson Thomas
6. *Mother's Maiden Name,*	..
7. *Mother's Birthplace,*	Pear Alley Baltimore
8. *Full Name of Father,*	Charles Wilson
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Main St. Baltimore
Name of Medical Attendant, or other person who makes this Return,	Ida Pollack M. D
Address,	1030 McCulloh St
Remarks,	

8 9 5 0 0 0 2 0 7 8

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 5.th Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* Born 30 of March 1893
4. *Place of Birth, (Street and Number)* 1830 N Spring st
5. *Full Name of Mother,* Johana Müller
6. *Mother's Maiden Name,* Johana Ackerman
7. *Mother's Birthplace,* Whlfeld Mittelfranken Bayern Germany
8. *Full Name of Father,* Henry Müller
9. *Father's Occupation* stone cutter
10. *Father's Birthplace,* Wolffendorf Obafranken Bayern Germany

Name of Medical Attendant, or other person who makes this Return, Mr Elias Midwife

Address, Henry Müller 1830 N. Spring st.

Remarks, none

8 4 5 0 0 0 2 0 7 9

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second child
1. *Sex, (state whether male or female)*	boy
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	March the 4th 1933 about 4 A.M.
4. *Place of Birth, (Street and Number)*	Baltimore City
5. *Full Name of Mother,*	Margie Porter Ford
6. *Mother's Maiden Name,*	Porter
7. *Mother's Birthplace,*	Corbett Co. Tex.
8. *Full Name of Father,*	Jemal Ford.
9. *Father's Occupation*	Farmer
10. *Father's Birthplace,*	Corbett Co Tex
Name of Medical Attendant, or other person who makes this Return,	Sarah Rottmer
Address,	1410 Arnold Alley
Remarks,	

1 8 9 5 0 0 0 2 0 8 0

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...the full name of each child, (if any shall have ...months, and shall set forth as far as the same can be ascertained the full ... been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Saturday 9th day of March 1895
4. *Place of Birth, (Street and Number)* 248 Rock St.
5. *Full Name of Mother,* Bertie Taylor
6. *Mother's Maiden Name,* Bertie Porter
7. *Mother's Birthplace,* St. Marys County
8. *Full Name of Father,* Phillip Holton Taylor
9. *Father's Occupation,* Driver Grocery Wagon
10. *Father's Birthplace,* West River

Name of Medical Attendant, or other person who makes this Return. Jane D. Butler

Address, 212 Rock St.

Remarks, Child Healthy.

1895000208 1

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...mother, the full name and occupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its ...said schedule shall be delivered, duly signed by the practitioner ...third day of each and every month to the office of the Commissioner in the form of a certificate between the first and ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

64334

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~1007 N. Central Ave~~ March 16th '95
4. Place of Birth, (Street and Number) 1007 N. Central Ave
5. Full Name of Mother, Carrie Brown
6. Mother's Maiden Name, " Weiss
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Geo. W. Brown
9. Father's Occupation, Iron Foundry
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M. D.

Address, 1219 N. Caroline st.

Remarks,

8 7 5 0 0 0 2 0 8 2

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth child

1. *Sex, (state whether male or female)* four

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* March 7th 26

4. *Place of Birth, (Street and Number)* Baltimore Cotton St 1826

5. *Full Name of Mother,* Clara Jackson

6. *Mother's Maiden Name,* Clara Moore

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Edw. G. Jackson

9. *Father's Occupation* Butcher

10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Sarah Rolling

Address, Vincent alley 1610

Remarks,

8 9 5 0 0 0 2 0 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 29 1895
4. *Place of Birth, (Street and Number)* No 1221 Whatcoat Balti
5. *Full Name of Mother,* Celie Wills
6. *Mother's Maiden Name,* Celie Countee
7. *Mother's Birthplace,* Calvert Co Md
8. *Full Name of Father,* Samuel Wills
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Calvert Co Md

Name of Medical Attendant, or other person who makes this Return, Sarah Billings

Address, 1610 Vincent alley

Remarks,

8 9 5 0 0 0 2 0 8 4

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 64337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) C
3. Date of Birth, March 31st 1893
4. Place of Birth, (Street and Number) 1120, Broward St
5. Full Name of Mother, Elizabeth G. Stack Neville
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Wisconsin
8. Full Name of Father, Joseph Stack
9. Father's Occupation, Builder
10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return, George B Reynolds

Address, 711 N Calvert St

Remarks, 8950002085

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...ts, the date and place of birth; and the ...en connected) its sex, color, the full name and occupation of its parents, the ...orm of a certificate between the first and ...Health. In case the birth of any child ...said schedule shall be delivered, duly signed by the practitioner in the form of ...third day of each and every month to the office of the Commissioner of Health. In case the birth person be in ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such ...attendance upon the mother, immediately thereafter it shall become and within the period above required, and ...child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be sub- ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 1, 1895
4. *Place of Birth, (Street and Number)*	26 W Lafayette Ave
5. *Full Name of Mother,*	Anna M Miller
6. *Mother's Maiden Name,*	Sellers
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Harry L Miller
9. *Father's Occupation*	Motorman
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	J B Crouch MD
Address,	920 E Lafayette St
Remarks,	

8950002086

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner in the case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna Marie Hamilton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 7, 1895

4. Place of Birth, (Street and Number) Cor. Monticello & Kimball Avenues

5. Full Name of Mother, Annie M. Hamilton

6. Mother's Maiden Name, Barnes

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. Hamilton

9. Father's Occupation Waiter

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Dr. Robertson

Address, 900 Eager

Remarks,

1895000020087

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 64340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 7 1895
4. *Place of Birth, (Street and Number)*	920 E Eleventh
5. *Full Name of Mother,*	Rose Lemon
6. *Mother's Maiden Name,*	Bradley
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Charles Lemon
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Edward M Gaynor
Address,	920 E Eleventh
Remarks,	

1 8 9 5 0 0 0 2 0 8 8

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 64341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 8th
4. *Place of Birth, (Street and Number)* 109 E. Biddle
5. *Full Name of Mother,* Mary Hayes
6. *Mother's Maiden Name,* [illegible] Hayes
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Chas Hayes
9. *Father's Occupation* Brick Layer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, J. Bland Hall

Address, 924 Eager

Remarks,

3 9 5 0 0 0 2 0 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. The attending Physician or Midwife shall report a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27th March 1895
4. Place of Birth, (Street and Number) 237, President st
5. Full Name of Mother, Elisabbet a di Blasio
6. Mother's Maiden Name, Elisabbetta Di Blasio
7. Mother's Birthplace, S. Mango Sul Colore Italy
8. Full Name of Father, Pasquale di Blasio
9. Father's Occupation Labore
10. Father's Birthplace, S, Mango Italy

Name of Medical Attendant, or other person who makes this Return, Palma Jannarelle

Address, 236 Stemmer alley

Remarks,

1 8 9 5 0 0 0 2 0 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 21, 1895
4. Place of Birth, (Street and Number) 1725 N. Caroline St.
5. Full Name of Mother, Mary Elisabeth Rorebaud Walker
6. Mother's Maiden Name, Mary E. Baltimore
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry F. Rorebaud
9. Father's Occupation Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. J. Marbenet

Address, 1701 N. Caroline St

Remarks, 1895000 2091

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 26, 1895
4. *Place of Birth, (Street and Number)* 634 W. Lanvale St
5. *Full Name of Mother,* Lennie Schofield Marley
6. *Mother's Maiden Name,* Lennie Schofield Beauchamp
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Crawford Marley
9. *Father's Occupation* Druggist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. E. F. Martenet

Address, 1701 N. Carrollton Ave

Remarks, 1895000002092

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 28 1895.
4. *Place of Birth, (Street and Number)* 1638 N. Caroline St.
5. *Full Name of Mother,* Elizabeth Bonet
6. *Mother's Maiden Name,* Elizabeth Wagner
7. *Mother's Birthplace,* Philadelphia, Penna.
8. *Full Name of Father,* Theodore L. Bonet
9. *Father's Occupation* Collector
10. *Father's Birthplace,* Munich, Germany

Name of Medical Attendant, or other person who makes this Return, J. T. Macatee M.D.

Address, 1601 N. Caroline St

Remarks,

8 9 5 0 0 0 2 0 9 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4 1895
4. Place of Birth, (Street and Number) 215 Albemarle St
5. Full Name of Mother, Gussie Morris
6. Mother's Maiden Name, Tennenberg
7. Mother's Birthplace, Russia
8. Full Name of Father, Samuel H. Morris
9. Father's Occupation, Shirt Maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Schermer

Address, 172 Albemarle St

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

8950002094

RETURN OF A BIRTH. 64347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 March 1895
4. *Place of Birth, (Street and Number)* 26 N. Pratt St.
5. *Full Name of Mother,* Annie Dubinsky
6. *Mother's Maiden Name,* Ingakoff
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Morris Dubinsky
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Lehrman

Address, 22 Albemarle St

Remarks,

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

1895 0002095

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 March 1895
4. Place of Birth, (Street and Number) 1175 E. Lombard St.
5. Full Name of Mother, Mary Fillbey Mueller
6. Mother's Maiden Name, Gallinorf Md
7. Mother's Birthplace, Henry Fillbey
8. Full Name of Father, Cabinet maker
9. Father's Occupation, Germany
10. Father's Birthplace, E. Sherman

Name of Medical Attendant, or other person who makes this Return. 1st Albemarle St

Address,

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

8950002096

RETURN OF A BIRTH. 64349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 1893
4. *Place of Birth, (Street and Number)* 1143 E. Lombard St
5. *Full Name of Mother,* Rose Oestreich
6. *Mother's Maiden Name,* Atwell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Oestreich
9. *Father's Occupation,* Coffin finisher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. E. Liberman

Address, 42 Albemarle St

Remarks,

8750002097

Wm J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15 March 1895
4. *Place of Birth, (Street and Number)* 27 E. Lexington St
5. *Full Name of Mother,* Sarah Selesky
6. *Mother's Maiden Name,* Echt
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Echeil Selesky
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Schuman

Address, 42 Albemarle

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8750002098

been conferred, the sex, color, the full name, the occupation of the father, and the place of birth of the child, in the form of a certificate prepared by the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* B.
3. *Date of Birth,* March 15/95
4. *Place of Birth, (Street and Number)* 10 E. Lafayette ave.
5. *Full Name of Mother,* Sarah E. Rogers
6. *Mother's Maiden Name,* " " Taylor
7. *Mother's Birthplace,* B. C. D.
8. *Full Name of Father,* John E. Rogers
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Augusta Ga.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Dietrich

Address,

Remarks,

8 4 5 0 0 0 2 0 9 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 64354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 24-1905
4. *Place of Birth, (Street and Number)* 1214 N. Charles St.
5. *Full Name of Mother,* Rosa Howland
6. *Mother's Maiden Name,* McShane
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Edw. M. Howland
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Mass.

Name of Medical Attendant, or other Person who makes this Return, Wm E. Mosley M.D.

Address, 614 N Howard St

Remarks,

8950002100

ascertained the full name of each child (if any shall have been born without a name) and the names of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 64355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 2nd 95
4. Place of Birth, (Street and Number) Balto. Chapple st.
5. Full Name of Mother, Martha Johnson
6. Mother's Maiden Name, " " Howard
7. Mother's Birthplace, Calvert Co Md
8. Full Name of Father, Samuel Johnson
9. Father's Occupation Laborer
10. Father's Birthplace, Calvert Co Md

Name of Medical Attendant, or other person who makes this Return Philip Worall

Address, 1849 Fulton Terrace Balto Md

Remarks,

8950002101

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 64356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 2 1893
4. *Place of Birth, (Street and Number)* Corner Lee and Johnson st
5. *Full Name of Mother,* Minnie E Snyder
6. *Mother's Maiden Name,* " " Pirtle
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Thomas Snyder
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Dr E A Brooks

Address, 220 Light st

Remarks, Corp Well

8 9 5 0 0 0 2 1 0 2

Wm J C. Dulany Co., City Printers and Stationers.

Every birth occurring within the limits of Baltimore City shall be reported to the Commissioner of Health, within ten days after the occurrence thereof, by the attending physician or midwife, and in default of such report, or if there be no attending physician or midwife, then by the householder or owner of the premises where the birth occurs, within ten days after the occurrence thereof. Such report shall state the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

64357

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 30 1893

4. Place of Birth, (Street and Number) 3 E Hamburg st

5. Full Name of Mother, Elizabeth A Taylor

6. Mother's Maiden Name, " Grey

7. Mother's Birthplace, Rochester Co. of Q.

8. Full Name of Father, Horatio G Taylor

9. Father's Occupation Telegraph Operator

10. Father's Birthplace, Washington D C

Name of Medical Attendant, or other person who makes this Return. Mrs E K Brooks

Address, 138 Light st

Remarks, Born in Mill

8950002103

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in

Wm. J. C. Dulany Co., City Printers and Stationers.

64358

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 4th. 1895
4. *Place of Birth, (Street and Number)*	1105 Clifton Place
5. *Full Name of Mother,*	Flora E. Brooks.
6. *Mother's Maiden Name,*	Flora Cornuch
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Jos. W. Brooks.
9. *Father's Occupation*	Ship Broker
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton M.D
Address,	S. W. cor. Calvert & Preston Sts.
Remarks,	

8 4 5 0 0 0 2 1 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

...ician or midwife, in attendance upon the birth of any child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* March 23rd 1895

4. *Place of Birth, (Street and Number)* 1209 Fawn St.

5. *Full Name of Mother,* Martha Francis Geoghegan

6. *Mother's Maiden Name,* Dr. Dr.

7. *Mother's Birthplace,* Dorchester Co. Md.

8. *Full Name of Father,* Augustus H. Geoghegan

9. *Father's Occupation* Produce Dealer

10. *Father's Birthplace,* Dorchester Co. Md.

Name of Medical Attendant, or other person who makes this Return, Rev. C. C. Schultz M.D. 14 & Rittenhouse Sts

Address,

Remarks,

8950002105

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

tion of its parents, the date and place of birth; and the
titioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
ractioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
n the manner and within the period above required, and
omply with the provisions of this section shall be sub-
e recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	March 6
4. *Place of Birth, (Street and Number)*	12 n Pine street
5. *Full Name of Mother,*	Friederike Beiser
6. *Mother's Maiden Name,*	Wilker
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	J. H. Beiser
9. *Father's Occupation*	baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Marie E Thalwitzer M.D.
Address,	735 Mulberry Street
Remarks,	

8950002106

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr 6 1895
4. *Place of Birth, (Street and Number)* 1 N Bethesda Ave
5. *Full Name of Mother,* Cecelia Louise
6. *Mother's Maiden Name,* " Booker
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry Louis
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E F Brooks

Address, 328 Dolphin St

Remarks, Dona Well

Wm J C. Dulany Co., City Printers and Stationers.

8950002107

d occupation of its parents, the date and place of birth; and the
r the practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
an or practitioner of midwifery, or should no other person be in
reafter it shall become the duty of the person or parents of such
Health, in the manner and within the period above required, and
r fail to comply with the provisions of this section shall be sub-
been conferred). Its sex, color, the full name and occu
said schedule shall be delivered, duly signed by the pr
third day of each and every month to the office of the C
shall occur without the attendance of a physician or p
attendance upon the mother, immediately thereafter r
child to report its birth to the Commissioner of Health,
any such person or persons who shall hereafter fail to
jected to the fine of ten (10) dollars for each offence, to b
ce, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2 Child

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Nov 25 1900
4. *Place of Birth*, (*Street and Number*) 2 E Williams st
5. *Full Name of Mother*, Florence M Eckhardt
6. *Mother's Maiden Name*, Florence M Lesser
7. *Mother's Birthplace*, Pa
8. *Full Name of Father*, William A E Eckhardt
9. *Father's Occupation*, Painter Paper Hanger
10. *Father's Birthplace*, Balto

Name of Medical Attendant, or other person who makes this Return. Wm A E Brooks

Address, 2 E Williams st

Remarks, Born Home

8 9 5 0 0 0 2 1 0 8

Wm J C. Dulany Co., City Printers and Stationers.

Upon the birth of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st living

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* 1 Mar 1895

4. *Place of Birth, (Street and Number)* 1129 Pennsylvania Ave

5. *Full Name of Mother,* Carrie Muir

6. *Mother's Maiden Name,* Manuel

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Henry Muir

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Dr. Geo. Dorsey

Address, 1129 Penna Ave

Remarks, Born Well

8950002109

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 64364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* March 10
4. *Place of Birth, (Street and Number)* 1219 Castle
5. *Full Name of Mother,* Annie Fowler
6. *Mother's Maiden Name,* Plater
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Dallas J Fowler
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* St Mary Co Md

Name of Medical Attendant, or other person who makes this Return. Alma Forest

Address, 715 Durham St

Remarks, ...

8 9 5 0 0 0 2 1 1 0

month, and shall set forth as far as the same can be ascertained the full name of each child born, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 64365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13 March 1895
4. *Place of Birth, (Street and Number)*	2818 O'Donnell
5. *Full Name of Mother,*	Mary Stanton
6. *Mother's Maiden Name,*	City
7. *Mother's Birthplace,*	Audrey Boyer
8. *Full Name of Father,*	Merchant
9. *Father's Occupation*	City
10. *Father's Birthplace,*	E Fordham US
Name of Medical Attendant, or other person who makes this Return,	1114 Chesapeake St
Address,	
Remarks,	

8 9 5 0 0 0 2 1 1 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 13. March 1895.
4. *Place of Birth, (Street and Number)* 1294 Canton
5. *Full Name of Mother,* Flora Banaschefske
6. *Mother's Maiden Name,* Reckofske
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Joseph Banasch
9. *Father's Occupation* Tobber
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs F. Leuzmann

Address, 1235 Hare st.

Remarks,

1 8 9 5 0 0 0 2 1 1 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or practioner of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 Mar 1894
4. *Place of Birth, (Street and Number)* 1017 Charles St
5. *Full Name of Mother,* Minnie Rudasill
6. *Mother's Maiden Name,* Nelson
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Peter Rudasill
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Hanover

Name of Medical Attendant, or other person who makes this Return. Mrs E L Brooks

Address, 822 Cole St

Remarks, Dom Well

8 9 5 0 0 0 2 1 1 3

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the
sioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner in case the birth of any child
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or prac
er it shall become the duty of the person or parents of such
ith, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
said schedule shall be delivered, duly signed by the
third day of each and every month to the office of the
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health,
any such person or persons who shall hereafter fail
jected to the fine of ten (10) dollars for each offence, to be
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 14 1895.
4. *Place of Birth, (Street and Number)* No. 102 Harford road.
5. *Full Name of Mother,* Frederica Krauss.
6. *Mother's Maiden Name,* Frederica George.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Andrew Krauss.
9. *Father's Occupation* Driver.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Geo. C. Blewell M.D.

Address, 1741 Harford ave.

Remarks,

8950002114

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 14 / 95
4. *Place of Birth, (Street and Number)* 913 S Fremont St
5. *Full Name of Mother,* Sarah E. Wright
6. *Mother's Maiden Name,* Connelly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James E. Wright
9. *Father's Occupation* Manufacturer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos. M. Lumpkin M.D.

Address, 412 S Paca St

Remarks,

8950002115

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 15th 1891
4. *Place of Birth, (Street and Number)*	1500 N. Caroline St.
5. *Full Name of Mother,*	Susie Hall
6. *Mother's Maiden Name,*	Susie Stewart.
7. *Mother's Birthplace,*	Balt. Md.
8. *Full Name of Father,*	James L. Hall
9. *Father's Occupation*	Clerk.
10. *Father's Birthplace,*	Balt. Md.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton M.D.
Address,	S. W. cor. Calvert & Preston Sts.
Remarks,	

8 9 5 0 0 0 2 1 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician or midwife in attendance upon the birth of any child shall, within ten days after the birth, report to the Commissioner of Health the date and place of birth; and the name and occupation of its parents, the date and place of birth; and the name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3/16-95
4. *Place of Birth, (Street and Number)* 1218 Wilcox St.
5. *Full Name of Mother,* Maggie M. McKenna
6. *Mother's Maiden Name,* [illegible] Hebrank
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Jas J. McKenna.
9. *Father's Occupation,* ~~Bar~~ Saloon Keeper
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, W R Kenny MD

Address, 700 E. Chase St.

Remarks,

8950002117

Said schedule shall be delivered, duly signed by the practitioner or person in charge, to the Commissioner of Health, within the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-26-60

RETURN OF A BIRTH. 64372

John Charles Younger

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17 Mar 1915

4. Place of Birth, (Street and Number) 157 Randall St

5. Full Name of Mother, Frances Younger

6. Mother's Maiden Name, Brooks

7. Mother's Birthplace, Balto

8. Full Name of Father, George Younger

9. Father's Occupation Waterman

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E A Brooks

Address, 508 Light St

Remarks, Born Well

8950002118

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 17/25
4. *Place of Birth, (Street and Number)* 827 Woodward Alt
5. *Full Name of Mother,* Nellie J. M. McElwaney
6. *Mother's Maiden Name,* Coffay
7. *Mother's Birthplace,* Hanover Co Va
8. *Full Name of Father,* James P. McElwaney
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos. M Lemmon M.D.

Address, 412 S Paca St

Remarks,

8 9 5 U 0 0 2 1 1 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

64374

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3-th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 19th 95
4. Place of Birth (Street and Number)	1402 Holbrook st,
5. Full Name of Mother	Kate Colbert
6. Mother's Maiden Name	Callahan
7. Mother's Birthplace	Balto City
8. Full Name of Father	R. B. Colbert,
9. Father's Occupation	Commission Merchant
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Chas. B. Fahrney M.D.
Address	721 N. Broadway
Remarks	

1895000212 0

The undersigned is required by law to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

64375

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	19 March 1895
4. *Place of Birth, (Street and Number)*	1204 Hope St.
5. *Full Name of Mother,*	Margaret Gibbons
6. *Mother's Maiden Name,*	Gibbons
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	John Michael O'Neill
9. *Father's Occupation*	Roberts
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	E. J. Williams M.D.
Address,	1114 Chesapeake St.
Remarks,	

8 7 5 U 0 0 2 1 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

...son of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 March 1895
4. Place of Birth, (Street and Number) 124 Cross st
5. Full Name of Mother, Margt D. Russell
6. Mother's Maiden Name, " " McMann
7. Mother's Birthplace, Balto
8. Full Name of Father, John W. Russell
9. Father's Occupation Ship Carpenter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E A Barnes

Address, 109 Light st

Remarks, Born Well

8 9 5 0 0 0 2 1 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 Mar 1845
4. *Place of Birth, (Street and Number)* 1737 Charles St
5. *Full Name of Mother,* Josephine Fantz
6. *Mother's Maiden Name,* Conway
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Fantz
9. *Father's Occupation,* Brakeman B & O R R
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Wm E P Brooks

Address, 1923 Eight St

Remarks, Corp Well

8 4 5 0 0 0 2 1 2 3

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64378

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar 21 1895
4. *Place of Birth, (Street and Number)* 1010 Hanover st
5. *Full Name of Mother,* Lena Yeager
6. *Mother's Maiden Name,* " Hollen
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Jackson Yeager
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs L & Brooks

Address, 1828 Light st

Remarks, Dying Well

8 9 5 0 0 0 2 1 2 4

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

(bra)

RETURN OF A BIRTH 64379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frank T. Hill

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth (5th)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 9, 1898
4. *Place of Birth, (Street and Number)*	424 N. Strieker st.
5. *Full Name of Mother,*	Elizabeth Hill
6. *Mother's Maiden Name,*	Chiestering
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Nicholas J. Hill
9. *Father's Occupation,*	Coal Dealer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	John A. Hood, M.D.
Address,	16 S. Gilmor st
Remarks,	

1895000212 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 64380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19th March
4. Place of Birth, (Street and Number) 549 Laurens St
5. Full Name of Mother, Ella nee O'Brian
6. Mother's Maiden Name, " " Horigan
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Jas P. O'Brian
9. Father's Occupation, Driver in Druid Hill Park
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W. B. Browne M.D

Address, 1218 Madison Ave

Remarks,

8 9 5 0 0 0 2 1 2 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-26-57 V 4381

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Woolridge~~ Caroline Myrtle 3 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 March 1895
4. Place of Birth, (Street and Number) 936 Charles St
5. Full Name of Mother, Lizzette Rawlins
6. Mother's Maiden Name, Elford
7. Mother's Birthplace, Germany
8. Full Name of Father, George Rawlins
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Drs E & A Brooks

Address, 598 Light St

Remarks, Barry Wall

1895 00 02127

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 Mar 1892
4. *Place of Birth, (Street and Number)* 1044 Charles St
5. *Full Name of Mother,* Sarah E Maynard
6. *Mother's Maiden Name,* Sarah E Kelly
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm Jos McCaul
9. *Father's Occupation* Watchman B.C.R.R.
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Wm S L Brooks

Address, 1038 Eutaw St

Remarks, Born Well

8950002128

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 21 95.
4. Place of Birth, (Street and Number) 2129 McCulloh St.
5. Full Name of Mother, Nellie Emerson Cranmer.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, York Co Pa
8. Full Name of Father, Victor L. Emerson.
9. Father's Occupation, Merchant.
10. Father's Birthplace, York Co Pa

Name of Medical Attendant, or other person who makes this Return, W Bruce Mills

Address, 700 E Chase St.

Remarks,

8950002129

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 2d 1895.
4. *Place of Birth, (Street and Number)* No. 1205 E. North ave.
5. *Full Name of Mother,* Verlinda Houston
6. *Mother's Maiden Name,* Verlinda Wise
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Richard Houston
9. *Father's Occupation* Brakeman
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return, Aug. W. Edwards M.D. 1241 Harford ave.

Address,

Remarks,

1 8 9 5 0 0 0 2 1 3 0

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 26 1895.
4. *Place of Birth, (Street and Number)* 94 N. Harford road.
5. *Full Name of Mother,* Maggie Bohnet
6. *Mother's Maiden Name,* Maggie Mowatt
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* John Bohnet.
9. *Father's Occupation* Driver.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Geo. A. Colwell M.D.

Address, 1241 Harford Ave

Remarks,

8 9 5 0 0 D 2 1 3 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 March 1893
4. *Place of Birth, (Street and Number)* 1046 Agnes Alley
5. *Full Name of Mother,* Ida Mae Buckner
6. *Mother's Maiden Name,* Wheeler
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry Edward Buckner
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. E. L. Brooks

Address, 1128 Eagle St

Remarks, Dr. Wall

8 9 5 0 0 D 2 1 3 2

been conferred) its sex; color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 64387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 b Child

1. *Sex, (state whether male or female)* Col

2. *Race or Color, (if not of the white race)* W hite

3. *Date of Birth,* 26 Mar 1895

4. *Place of Birth, (Street and Number)* 926 Brown st

5. *Full Name of Mother,* Lattie S Lifflar

6. *Mother's Maiden Name,* " Chestnut

7. *Mother's Birthplace,* Hartenburg

8. *Full Name of Father,* Edward Shipley

9. *Father's Occupation,* Fireman B & O R R

10. *Father's Birthplace,* Martinsburg

Name of Medical Attendant, or other person who makes this Return, Mrs C E Brooks

Address, 1808 2nd st

Remarks, Living Well

8 9 5 0 0 0 2 1 3 3

Said schedule shall be delivered, duly signed by the practitioner or other person required to make the same, to the Registrar of the district in which the birth occurred, within ten days after the birth; and the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 5th child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 26 1895
4. Place of Birth, (Street and Number) 1510 E. Lanvale Str.
5. Full Name of Mother, Louise Amalie Günther.
6. Mother's Maiden Name, Louise Amalie Flemming
7. Mother's Birthplace, Quedlinburg a. Harz.
8. Full Name of Father, Christian K. H. Günther
9. Father's Occupation Tiner
10. Father's Birthplace, Loahausen, Kreis Wanzleben.

Name of Medical Attendant, or other person who makes this Return, Mrs. Martha A. Foster

Address, 1600 E Lanvale st

Remarks,

8 9 5 0 0 0 2 1 3 4

Every Midwife, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar 27-95
4. *Place of Birth, (Street and Number)* 298 Old York road
5. *Full Name of Mother,* Bertha McDonald Shipley
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles E. McDonald
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M.D.

Address, 811 Jefferson Ave Waverly City

Remarks,

8 9 5 0 0 0 2 1 3 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25 Mar 1890

4. Place of Birth, (Street and Number) 1420 Battery Ave

5. Full Name of Mother, Bridget Lee

6. Mother's Maiden Name, Tyler

7. Mother's Birthplace, Ireland

8. Full Name of Father, Patrick Lee

9. Father's Occupation Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs E A Brooks

Address, 1378 Light St

Remarks, Body Well

8 9 5 0 0 D 2 1 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...son of its parents, the date and place of birth; and the ...tioner in the form of a certificate between the first and ...Commissioner of Health. In case the birth of any child ...ctioner of midwifery, or should no other person be in ...shall become the duty of the person or parents of such ...the manner and within the period above required, and ...child to report its birth to the Commissioner of Health, in the ...any such person or persons who shall hereafter fail to comply ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 Mar 1895
4. *Place of Birth, (Street and Number)* 1126 Battery ave
5. *Full Name of Mother,* Bridget Maria Horahan
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Thos
9. *Father's Occupation* Trainman B. & O. R. R.
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, Dr J. E. Brooks

Address, 852 Light St

Remarks, Dan Well

~~1 8 9 5 0 0 0 2 0 3 7~~
1 8 9 5 0 0 0 2 1 3 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 64392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 28th 1895
4. *Place of Birth, (Street and Number)* 1221 Durham St.
5. *Full Name of Mother,* Maggie Somers
6. *Mother's Maiden Name,* Maggie Forest
7. *Mother's Birthplace,* St Marys County
8. *Full Name of Father,* William H. Somers
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* St Mary's County

Name of Medical Attendant, or other person who makes this Return. Ann Forest

Address, No. 175 Durham St.

Remarks,

895000 02138

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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said schedule shall be delivered, duly signed by the practitioner in charge, to the parents, the date and place of birth; and the
oner in the form of a certificate between the first and
issioner of Health. In case the birth of any child
tioner of midwifery, or should no other person be in
all become the duty of the person or parents of such
he manner and within the period above required, and
mply with the provisions of this section shall be sub-
covered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colo
3. *Date of Birth,* Mar 23 1895
4. *Place of Birth, (Street and Number)* 611 Harrison st
5. *Full Name of Mother,* Elizabeth C Manly
6. *Mother's Maiden Name,* Franke
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Clarence E Fisher
9. *Father's Occupation,* Brakeman B & O R R
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs E K Brooks

Address, 609 Dugan st

Remarks, Died

1895 00 02139

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar 28 1895
4. *Place of Birth, (Street and Number)* 510 Broad st
5. *Full Name of Mother,* Lena Steinbeck
6. *Mother's Maiden Name,* Lutz
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Steinbeck
9. *Father's Occupation* Saloon
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return Mrs S P Parks

Address, 938 East st

Remarks, Lena Steinbeck

1 8 9 5 0 0 0 2 1 4 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 leg

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 March 1895
4. *Place of Birth, (Street and Number)* Maryland
5. *Full Name of Mother,* Justina Hofmann
6. *Mother's Maiden Name,* Justina Pelke
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adolf Hofmann
9. *Father's Occupation* Tapper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Luise Svatora

Address, 1010 Durham st

Remarks,

1 8 9 5 0 0 0 2 1 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 march
4. *Place of Birth, (Street and Number)* 410 E fayette st
5. *Full Name of Mother,* Emma Hilborn
6. *Mother's Maiden Name,* Emma Mayer
7. *Mother's Birthplace,* Pittsburgh
8. *Full Name of Father,* John Hilborn
9. *Father's Occupation* Bakebranger
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Luise Lvatora

Address, 1010 Durham st

Remarks,

89500 02142

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 64397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Catherine Moran

No *of Child of Mother, (state whether* 1*st*, 2*d*, 3*d*, &c.) 6 & Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White Color
3. *Date of Birth,* 29 Mar 1895
4. *Place of Birth, (Street and Number)* 1617 Marshall St
5. *Full Name of Mother,* Catherine L Moran
6. *Mother's Maiden Name,* Dorff
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Timothy P. Moran
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs S E Brooks

Address, 1619 Lee St

Remarks, Dona Well

[illegible] 10-21-52

8 4 5 0 0 0 2 1 4 3

Wm J C. Dulany Co., City Printers and Stationers.

tion of its parents, the date and place of birth; and the
such conferred, its sex, color, the full name and occupation of
titioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 March 1892
4. *Place of Birth, (Street and Number)* 33 Poultney St
5. *Full Name of Mother,* Emma Thomas
6. *Mother's Maiden Name,* Bates
7. *Mother's Birthplace,* Canada & Nova Scotia
8. *Full Name of Father,* Thomas
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs S. A. Brooks

Address, 1828 Druid Hill Ave

Remarks, Home Health

1895 00D 2144

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 64399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar 30th 1895
4. Place of Birth, (Street and Number) 7 Valley St. Waverly, Annex
5. Full Name of Mother, Florine W. Coggins
6. Mother's Maiden Name, " " Doft
7. Mother's Birthplace, Baltimore
8. Full Name of Father, David F. Coggins
9. Father's Occupation Paper Carrier
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. R G Rankin M D

Address, 811 Jefferson Ave Waverly City

Remarks,

8950002145

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30th 95.
4. Place of Birth, (Street and Number) 1206 Ensor str
5. Full Name of Mother, Ella L. Plowman
6. Mother's Maiden Name, Ella L. Becker
7. Mother's Birthplace, Sitka Alaska
8. Full Name of Father, Richard A. Plowman
9. Father's Occupation, Upholsterer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Meyer M. D.

Address, 1019 N. Caroline str

Remarks,

8 9 5 0 0 0 2 1 4 6

Wm J C. Dulany Co., City Printers ... doners.

...said Schedule shall be delivered, duly signed by the ... third day of each and every month to the office of the ... shall occur without the attendance of a physician or ... attendance upon the mother, immediately thereafter ... child to report its birth to the Commissioner of Health, ... any such person or persons who shall hereafter fail ... jected to the fine of ten (10) dollars for each offence, to ...

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64421/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Dec 25 94

4. *Place of Birth, (Street and Number)* 315 N Eden st.

5. *Full Name of Mother,* Phillipena Hinnikeber

6. *Mother's Maiden Name,* Beam

7. *Mother's Birthplace,* Hessen Cassle Germany

8. *Full Name of Father,* Georg P. Hinnikeber

9. *Father's Occupation* Baker

10. *Father's Birthplace,* Hessen Darmstadt Germany

Name of Medical Attendant, or other person who makes this Return, Edwin P. Mowell

Address, 2 E Eutaw st

Remarks,

8 9 5 0 0 0 2 1 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-9-56

RETURN OF A BIRTH. 644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore Cit,

Annette Berenice Cohen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 26/94
4. Place of Birth, (Street and Number) 1628 E. Madeira
5. Full Name of Mother, Bertha Cohen
6. Mother's Maiden Name, Pfefferling
7. Mother's Birthplace, Russia
8. Full Name of Father, Charles Cohen
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Edward P. Wilson

Address, 1 Fayette

Remarks, 1895000 7148

1 5 0 0 2 8 4 0

Health Department to secure a full and cor
Statistics in the City of Baltimore.

Regulations enacted and ordained that every person practicing midwifery in the City of
Registrar or superintendence a birth shall hereafter take place, shall keep a true and correct
sch, and shall enter the same on blank schedule, to be furnished by the Commissioner of
schedule shall contain a list of the births which have occurred under his or her care during the
hall set forth as far as the same can be ascertained the full name of each child, (if any shall have
ed) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
ule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
hird day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers an

Return. This schedule shall contain a list of the births which have occurred in each month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	March 17th 1895
4. *Place of Birth, (Street and Number)*	1227 Hanford Ave
5. *Full Name of Mother,*	Lodie Edel
6. *Mother's Maiden Name,*	Jones
7. *Mother's Birthplace,*	~~Emil Edel Jr Balto~~
8. *Full Name of Father,*	Emil Edel Jr
9. *Father's Occupation*	Butter dealer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	M. B. Billings M.D.
Address,	1206 E Baltimore St
Remarks,	

1 8 9 5 0 0 0 2 1 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 4th 1895
4. *Place of Birth, (Street and Number)* 2223 McElderry
5. *Full Name of Mother,* Mary Krauss
6. *Mother's Maiden Name,* Baumann
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Krauss
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace,* Balti

Name of Medical Attendant, or other person who makes this Return M. B. Billingslea

Address, 1206 E. Baltimore

Remarks,

1 8 9 5 0 0 0 2 1 5 0

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 30th 1895
4. *Place of Birth, (Street and Number)* 229 Park Ave
5. *Full Name of Mother,* Agnes Delendorf
6. *Mother's Maiden Name,* Fetsch
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry Delendorf
9. *Father's Occupation* Bird Dealer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Dr. B. Billingsley

Address, 1206 E Baltimore St

Remarks,

8 9 5 0 0 0 2 1 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White race
3. Date of Birth,	April 1st 1902
4. Place of Birth, (Street and Number)	1732 Bethel St
5. Full Name of Mother,	Mary Heffner
6. Mother's Maiden Name,	Mary Gormley
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Gustavus Heffner
9. Father's Occupation,	Barkeeper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	S. C. Weyforth M.D.
Address,	1120 E Monument St
Remarks,	

1 8 9 5 0 0 0 2 1 5 2

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 1st 1895
4. *Place of Birth, (Street and Number)* 613 Cider Alley
5. *Full Name of Mother,* Martha Scott
6. *Mother's Maiden Name,* Martha Richardson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George A Scott
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna M. Nairs

Address, 813 Broadenhall Street

Remarks,

8 9 5 0 0 0 2 1 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

...or practioner of midwifery, or should no other person be in ... shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 1, 1893
4. *Place of Birth, (Street and Number)* 318 Foster Ave.
5. *Full Name of Mother,* Mary Hartman
6. *Mother's Maiden Name,* Mary Miller.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* George Hartman
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Drayne

Address, 824 Canton St

Remarks,

8 9 5 0 0 0 2 1 5 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 14509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 1st 1895
4. *Place of Birth, (Street and Number)*	No 1445 Sugnealtbort
5. *Full Name of Mother,*	not married
6. *Mother's Maiden Name,*	Mary Jackson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Morrell
9. *Father's Occupation*	Tinner
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Calhum Harring
Address,	No 1517 Byrd St
Remarks,	

8 9 5 0 0 0 2 1 5 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 1st 95
4. *Place of Birth, (Street and Number)*	1921 White St.
5. *Full Name of Mother,*	Agnes V. Wigginton
6. *Mother's Maiden Name,*	" " Welsh
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Benj F. Wigginton
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	West Virginia
Name of Medical Attendant, or other person who makes this Return,	John T. McCarthy M.D
Address,	626 Gough St
Remarks,	

8950002156

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Sixth (6th)

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth* Apr. 1 - 1895, at 12 o'clock, M.
4. *Place of Birth*, (*Street and Number*) 1514 John Street
5. *Full Name of Mother*, Mary Steele Waters
6. *Mother's Maiden Name*, Mary Steele Roper
7. *Mother's Birthplace*, Cambridge, Dorchester Co, Md
8. *Full Name of Father*, Albert Everett Waters
9. *Father's Occupation*, Salesman
10. *Father's Birthplace*, Baltimore City, Md

Name of Medical Attendant, or other Person who makes this Return. E. G. Waters, M.D.

Address, 1429 McCulloh St

Remarks,

8950002157

ascertained, the full name of each child (if any), not previously returned, and the sex of each child, the full name of each child (if any), not previously returned, duly signed by the practitioner in the form of a parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Wht. (German)
3. *Date of Birth.*	Apr. 1/95
4. *Place of Birth, (Street and Number)*	2348 Stockton St.
5. *Full Name of Mother,*	Wm Chas. Beyer
6. *Mother's Maiden Name,*	Augusta Zebrell
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Chas. Beyer
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	E A Smith M D
Address,	2505 Fonna Ave.
Remarks.	

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 1st 1895
4. *Place of Birth, (Street and Number)* No 1024 Granby Ste.
5. *Full Name of Mother,* Pauline Sitter
6. *Mother's Maiden Name,* Herzig
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Aloüis Sitter
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross.

Address, No 1907 E Monument Ste.

Remarks,

1 8 9 5 0 0 0 2 1 5 9

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 1st 1895
4. *Place of Birth, (Street and Number)* No 739 Forest Str.
5. *Full Name of Mother,* Ida V. Simmons
6. *Mother's Maiden Name,* Clark
7. *Mother's Birthplace,* Richmond V A
8. *Full Name of Father,* G. W. Simmons
9. *Father's Occupation* ~~Engineer~~ Painter
10. *Father's Birthplace,* Eastern Shore Cambridge.

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross.

Address, No 1907 E. Monument Str.

Remarks,

1 8 9 5 U 0 0 2 1 6 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 1 1895
4. *Place of Birth, (Street and Number)* Warrington Ave # 15
5. *Full Name of Mother,* Mary Jane Bibb
6. *Mother's Maiden Name,* " " Jaine
7. *Mother's Birthplace,* Lancaster Co, Va
8. *Full Name of Father,* Armes Bibb
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Lancaster Co, Va,

Name of Medical Attendant, or other person who makes this Return, Susan Emily Bailey

Address, # 3 Talbot st Waverly Balto, City

Remarks, Well

+ 8950002161

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fifth
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1st of April
4. *Place of Birth, (Street and Number)*	1718 Lanvale Ave
5. *Full Name of Mother,*	Bertha Zychoff
6. *Mother's Maiden Name,*	Bertha Meister Schlesien
7. *Mother's Birthplace,*	Edward Zychoff
8. *Full Name of Father,*	Tinner
9. *Father's Occupation*	Prussian
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	
Address,	
Remarks,	

8950002162

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 2nd 1895
4. *Place of Birth, (Street and Number)* No 945 Howard Str
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 5 0 0 0 2 1 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 64318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5—

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* April 2 1895—
4. *Place of Birth (Street and Number),* 1615- Elizabeth Lane
5. *Full Name of Mother,* Mary Norton
6. *Mother's Maiden Name,* Mary Bevis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm B. Norton
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs E Dudeam

Address, 1811 Westphalia place

Remarks, Mother doing Well

8 9 5 0 0 0 2 1 6 4

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 64019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 2nd 1895
4. *Place of Birth, (Street and Number)*	Balto Md 739 Mulberry st
5. *Full Name of Mother,*	Martha Ellen McClure
6. *Mother's Maiden Name,*	Martha Ellen Carnell
7. *Mother's Birthplace,*	Baltimore Maryland
8. *Full Name of Father,*	Frank Eugene McClure
9. *Father's Occupation*	Letter Carrier
10. *Father's Birthplace,*	Baltimore Maryland
Name of Medical Attendant, or other person who makes this Return,	Susan Fuller
Address,	23 N Paynter ave
Remarks,	8950002165

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) Katie Stewart McCleary 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 2nd 1895
4. Place of Birth, (Street and Number) 417 N. Bond St
5. Full Name of Mother, annie Rebecca McCleary
6. Mother's Maiden Name, " " Coleman
7. Mother's Birthplace, Balto City
8. Full Name of Father, Wm J. McCleary
9. Father's Occupation, Clerk
10. Father's Birthplace, Tyrone Ireland

Name of Medical Attendant, or other person who makes this Return. J. C. Ohlendorf Jr. M.D.

Address, GIVEN NAME ADDED. 8-5-53 h.m.

Remarks,

8450002166

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 64521

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) .....

1. *Sex (state whether ~~Male~~ or Female)* .....
2. *Race or Color (if not of the white race)* .....
3. *Date of Birth* April 2nd 1895
4. *Place of Birth (Street and Number)* 2 1/2 ch no 343.
5. *Full Name of Mother* Sillie Mary Jones.
6. *Mother's Maiden Name* Sillie Mary Partridge
7. *Mother's Birthplace* Dorcester Co Md
8. *Full Name of Father* Fielder G. Jones.
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Jas Barlow

Address. 2105 Calverton Rd

Remarks. .....

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS. 8950002167

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 64522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 2, 1896.
4. *Place of Birth, (Street and Number)* 132 David St.
5. *Full Name of Mother,* Sadie Mayus.
6. *Mother's Maiden Name,* Whilmore.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Frank Mayus.
9. *Father's Occupation* Cigar Maker.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8950002168

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) ninth.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 2, 1895.
4. *Place of Birth, (Street and Number)* 1225 Hanbert St.
5. *Full Name of Mother,* Mary Flynn.
6. *Mother's Maiden Name,* Mary Giblons.
7. *Mother's Birthplace,* England.
8. *Full Name of Father,* John Flynn
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Ettel

Address, No 619 Eutaw St

Remarks,

8950002169

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately ihereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 2nd 1895
4. *Place of Birth, (Street and Number)*	#950 W. Lombard Street
5. *Full Name of Mother,*	Mrs. Mary A. Ryan
6. *Mother's Maiden Name,*	Mary A. Coan
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	James J. Ryan
9. *Father's Occupation*	Merchant
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Hunter
Address,	231 N. Paprellan St
Remarks,	

1 8 9 5 0 0 0 2 1 7 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* 2nd April 1895
4. *Place of Birth, (Street and Number)* 345 N. Calvert Street
5. *Full Name of Mother,* Annie Mooney
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Martin F. Mooney
9. *Father's Occupation* Moulder
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. Sarah Wooden

Address, 347 N. Calvert Street

Remarks,

18950002171

The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

State of Maryland City of Baltimore, to wit:-

I Hereby Certify, that on this 30th. day of March, 1918, before me, the subscriber, a Notary Public, of the State of Maryland, in and for Baltimore County, personally appeared Lizzie Schaeffler, and made oath in due form of law that she erroneously stated the birth certificate No. 64526 recorded in the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, the name of child who was born April 2nd. 1895, should be Barbara Weigand, instead of Babetha Weigand, and the name of the father of said child, Phillip Weigand, instead of Fleilipp Weigand.

As Witness my hand and Notarial Seal.

Notary Public.

Lizzie Schaeffler

1 8 9 5 0 0 0 2 1 7 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 14536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	2th April 1895.
4. *Place of Birth, (Street and Number)*	Linden Ave No 1400.
5. *Full Name of Mother,*	Barbara ~~Lotta~~ Weigand.
6. *Mother's Maiden Name,*	" Kolz.
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Phillip ~~Fr~~ Jno Weigand
9. *Father's Occupation*	Store Keeper.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Lizzie Schaffler.
Address,	E Fort Ave. 1205
Remarks,	

8 7 5 0 0 0 2 1 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 3d 1895
4. Place of Birth, (Street and Number) 2007 W. Pratt St.
5. Full Name of Mother, Louisa A. Hund
6. Mother's Maiden Name, Albrecht
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas. Henry Hund
9. Father's Occupation, Bottler
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, H. W. Webner M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor

8 9 5 0 0 0 2 1 7 4

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64528 C

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 3 1895

4. Place of Birth, (Street and Number) 1118 Hanover St.

5. Full Name of Mother, Tillie B. Wunder

6. Mother's Maiden Name, do Brehm

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Francis J. Wunder

9. Father's Occupation Clerk

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Joseph R. Wunder

Address, 1035 W. Lexington St.

Remarks, L.O. 2.A

8450002175

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 14539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 3rd 1895
4. Place of Birth, (Street and Number) 1622 Mollimans Street
5. Full Name of Mother, Martha L. Myers
6. Mother's Maiden Name, Martha L Shuler
7. Mother's Birthplace, Carroll County Maryland
8. Full Name of Father, Oliver P. Myers
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this return, Frank E. Whitford M.D.

Address, 819 Sisquith Street

Remarks,

B 7 5 0 0 0 2 1 7 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored.
3. *Date of Birth,*	4/21 3rd
4. *Place of Birth, (Street and Number)*	Howard st.
5. *Full Name of Mother,*	Mary Hall
6. *Mother's Maiden Name,*	Mary Hall
7. *Mother's Birthplace,*	Baltimore County.
8. *Full Name of Father,*	Mr Butler
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Cudeabloc Howard
Address,	1013 North Chapl
Remarks,	

8 9 5 0 0 0 2 1 7 7

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 14531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* 3 April

4. *Place of Birth, (Street and Number)* 729 E. Fort Ave.

5. *Full Name of Mother,* Annie Roth.

6. *Mother's Maiden Name,* " Loeser.

7. *Mother's Birthplace,* Germany.

8. *Full Name of Father,* John Kuhl

9. *Father's Occupation* Stove mounter.

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Kath. Mayer.

Address, 1331 Hull st Locust Point

Remarks,

8 9 5 0 0 0 2 1 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 3rd 1895
4. *Place of Birth, (Street and Number)* 115 S Bond
5. *Full Name of Mother,* Elizabeth Keenan
6. *Mother's Maiden Name,* Bradley
7. *Mother's Birthplace,* Wilmington Del
8. *Full Name of Father,* Jeremiah Keenan
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, M A Donaghoe

Address, 2024 E Pratt St

Remarks, doing well

8 9 5 0 0 0 2 1 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

64533

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 2/8/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ELMER SEYMOUR

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 th.

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 3 1895
4. *Place of Birth, (Street and Number)* 823 Fortaye SEYMOUR
5. *Full Name of Mother,* Maggie Seymour
6. *Mother's Maiden Name,* Keller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John ~~Seymour~~ SEYMOUR
9. *Father's Occupation* Working man
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Carline Schwartz

Address, 434 E. Fortaye

Remarks,

8950002180

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) †
3. Date of Birth, ~~1008 E. Lombard St~~ Apr 3. 95
4. Place of Birth, (Street and Number) 1008 E. Lombard St
5. Full Name of Mother, Sarah Novitch
6. Mother's Maiden Name, Sarah Grinhaus
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Novitch
9. Father's Occupation, Pants operator
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, J. W. Smith M.D.

Address, Hebrew Hospital

Remarks, This Child has Cleft Palate and deformity 7 fingers & both hands.

8 9 5 0 0 0 2 1 8 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 1893
4. *Place of Birth, (Street and Number)* Baltimore Co Md
5. *Full Name of Mother,* Baltimore County Maryland
6. *Mother's Maiden Name,* Eliza Edwards Maryland
7. *Mother's Birthplace,* Granite Baltimore Co Md
8. *Full Name of Father,* Unknown
9. *Father's Occupation* Unknown
10. *Father's Birthplace,* Unknown

Name of Medical Attendant, or other person who makes this Return, Mrs H E Knowles

Address, 2103 Orleans Street City

Remarks,

8 9 5 0 0 0 2 1 8 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the presence of a witness, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4. April.
4. *Place of Birth, (Street and Number)* N 140 E Kapelstreet.
5. *Full Name of Mother,* Anna Bauer.
6. *Mother's Maiden Name,* Anna Lahnert.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John Bauer.
9. *Father's Occupation* Labaman.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Mary Hess.

Address, N-1933 Fairmount Ave

Remarks,

8 9 5 0 0 0 2 1 8 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) twelve

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* fourth of April
4. *Place of Birth, (Street and Number)* 633 N Calvert st
5. *Full Name of Mother,* Catharine T O'Brien
6. *Mother's Maiden Name,* Mulligan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* T J O'Brien
9. *Father's Occupation,* Restaurant & Hotel
10. *Father's Birthplace,* Roscommon Ireland

Name of Medical Attendant, or other person who makes this Return. Mary Charity Jones

Address, 509 Hargrove St. Balto Md.

Remarks,

8 7 5 0 0 0 2 1 8 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64538 L

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Feamail
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* forth of april
4. *Place of Birth, (Street and Number)* northerter Street 509
5. *Full Name of Mother,* Bettye R payne
6. *Mother's Maiden Name,* Nott married
7. *Mother's Birthplace,* Lurcasse County Tex.
8. *Full Name of Father,* Esair Dodd
9. *Father's Occupation* laborer
10. *Father's Birthplace,* Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Carline patision

Address, 419 Lusksit St

Remarks, Doing well as can Expect

8 9 5 0 0 0 2 1 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 14539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 children

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 4th of April 1895
4. *Place of Birth, (Street and Number)* 6 1/2 Hadley st. court
5. *Full Name of Mother,* Mary Rose Ellen Johnson
6. *Mother's Maiden Name,* Not Married
7. *Mother's Birthplace,* Green Spring County
8. *Full Name of Father,* John Henry Hollins
9. *Father's Occupation* Laborer,
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 419 Lewis street

Remarks, doing well.

8 9 5 0 0 0 2 1 8 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5'

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 4. April
4. *Place of Birth, (Street and Number)* 1356 Towson st.
5. *Full Name of Mother,* Auguste Lawrenz
6. *Mother's Maiden Name,* " Jaworski
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Albert Lawrenz
9. *Father's Occupation* Laboer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Emily Majewski

Address, 1231 Hull st., Locust Point

Remarks,

8950002187

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 5th 1895
4. *Place of Birth, (Street and Number)* No 5 boyd St
5. *Full Name of Mother,* Clara Fulkoskie
6. *Mother's Maiden Name,* Clara Roemer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Otto Fulkoskie
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 1895000 2188

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 5th 1895
4. *Place of Birth, (Street and Number)* No. 40 Loudon Ave
5. *Full Name of Mother,* Maggie Straus
6. *Mother's Maiden Name,* Maggie Willgrub
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Straus
9. *Father's Occupation* Lorerer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1895000 2189

Attendance upon the mother, punctually, the child, in the manner and within the period above required, and to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 64543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) White
2. Race or color, (if not of the white race) April 5th 1895
3. Date of Birth, 114 Parkin
4. Place of Birth, (Street and Number) Lawson
5. Full Name of Mother, Minnie Rupert
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Chas. L Lawson
8. Full Name of Father, Laborer
9. Father's Occupation, Denmark
10. Father's Birthplace, ~~Maryland~~ In the absence of

Name of Medical Attendant, or other person who makes this Return. ~~Mrs Knabb~~, living on S. side of Lawson

Address the Midwife, Mrs Knabb, living on S. side of Lawson

Remarks. Mrs L. Parkin, aided in the Capacity of Midwife, the

Husband of Mrs Lawson 1895000219 to me

H. L. Harris M.D.
Asst Commissioner of Health

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 5th 1895
4. *Place of Birth, (Street and Number)* 573 Monroe Al.
5. *Full Name of Mother,* Margaret Brown
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Clay Cotton
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Alabama

Name of Medical Attendant, or other person who makes this Return, Ida Pollack M. D.

Address, 1130 McCulloh St.

Remarks,

8 9 5 0 0 0 2 1 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 5th " - 95
4. Place of Birth, (Street and Number) 1822 Spring St"
5. Full Name of Mother, Mary A. Jones
6. Mother's Maiden Name, Mary A. Johnson
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, Charles Jones
9. Father's Occupation, Laborer
10. Father's Birthplace, Spootsylvania Co. Va.

Name of Medical Attendant, or other person who makes this Return, C. R. Thomas M.D.

Address, 1800 Arlington St"

Remarks,

8950002192

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* M — Rudolph Eichhorn Sutton
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 5, 1895
4. *Place of Birth, (Street and Number)* 1834 Harlem Ave
5. *Full Name of Mother,* Nannie Sutton
6. *Mother's Maiden Name,* " Eichhorn
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Clarence Sutton
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, J. M Hawley

Address, 1002 Edmondson Ave

Remarks,

8950002193

(conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) light

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 5. 1895
4. Place of Birth, (Street and Number) 940 Duncan Place
5. Full Name of Mother, Sarah James
6. Mother's Maiden Name, Sarah Layne
7. Mother's Birthplace, Mount Healthy Ohio
8. Full Name of Father, George M James
9. Father's Occupation Driver
10. Father's Birthplace, Caston Shore Virginia

Name of Medical Attendant, or other person who makes this Return, Sallie A Jones

Address, 527 Patterson Park ave

Remarks,

8950002194

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 64348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)	Third.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	Browns. African origin.
3. *Date of Birth,*	April. 5. th. 1895.
4. *Place of Birth, (Street and Number)*	S. Eutaw St. No, 823
5. *Full Name of Mother,*	Geo: Annie Fitchet.
6. *Mother's Maiden Name,*	Geo: Annie Wilson.
7. *Mother's Birthplace,*	Carrol County. Md.
8. *Full Name of Father,*	Edward Fitchet.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Accomac County. Va.
Name of Medical Attendant, or other person who makes this Return.	Aug: F. Volkman M. D.
Address,	No, 628. S. Eutaw Street. Balt.
Remarks,	

8 9 5 0 0 0 2 1 9 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health.
This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 64549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White -
3. *Date of Birth,* 5th day of April 1895 -
4. *Place of Birth (Street and Number),* 1924 Marshall St
5. *Full Name of Mother,* Georgia Schultz -
6. *Mother's Maiden Name,* Georgia Parsley
7. *Mother's Birthplace,* Richmond County, Va.
8. *Full Name of Father,* Edward L. Schultz
9. *Father's Occupation,* Palmer
10. *Father's Birthplace,* Frederick County -

Name of Medical Attendant, or other person who makes this Return. Elizabeth Brueckard

Address, 1811 West Fayette Place

Remarks, Mother & Child doing well.

6 9 5 0 0 0 2 1 9 6

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RETURN OF A BIRTH 64850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Apr. 6th 1915
4. Place of Birth, (Street and Number) 641 Hart St.
5. Full Name of Mother, Annie May Miller. nee Butler.
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto.
8. Full Name of Father, Kelly Miller.
9. Father's Occupation, Prof. of Mathematics
10. Father's Birthplace, Winston, S. C.

Name of Medical Attendant, or other person who makes this Return. H. T. Carr, M.D.

Address, 1062 Argyle Ave.

Remarks,

8 4 5 0 0 0 2 1 9 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 64537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex, (state whether male or female)* White Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 6th
4. *Place of Birth, (Street and Number)* 519 Madison St
5. *Full Name of Mother,* Frances Hamilton
6. *Mother's Maiden Name,* Sylvester
7. *Mother's Birthplace,* Shenandoah County
8. *Full Name of Father,* Leander Hamilton
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Texas West

Name of Medical Attendant, or other person who makes this Return. Dr. Wm. Jones

Address, 914 Clifton Place

Remarks,

8750002198

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 64552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d, Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7th of April 95
4. *Place of Birth, (Street and Number)* Balto 2302 Canton Av
5. *Full Name of Mother,* Mary George
6. *Mother's Maiden Name,* Mary Sieber
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Benjamin Franklin George
9. *Father's Occupation,* Can Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. H. Taylor.

Address, #613 S. Patterson Pk. Ave.

Remarks,

8 9 5 0 0 0 2 1 9 9

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
occupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
er it shall become the duty of the person or parents of such
lth, in the manner and within the provisions of this section shall be sub-
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 4
4. *Place of Birth, (Street and Number)* 840 W Baltimore st
5. *Full Name of Mother,* Maria Hochedez
6. *Mother's Maiden Name,* Maria Bengdel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Franz Hochedez
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return,

Address, Hellgonza Phyle

Remarks,

1895000220 01

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 64554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colo
3. Date of Birth, 7 april 1895
4. Place of Birth, (Street and Number) 1306 smith alley
5. Full Name of Mother, Sarah J Clark
6. Mother's Maiden Name, Sarah J Stewart
7. Mother's Birthplace, March 3 1867
8. Full Name of Father, Stephen C Clark
9. Father's Occupation, laber
10. Father's Birthplace, Dec 25 1868

Name of Medical Attendant, or other person who makes this Return. Annie Dambey

Address, 602 McCalder St Court

Remarks,

8 4 5 0 0 0 2 2 0 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 5th
4. *Place of Birth, (Street and Number)* Glendale Farm Edmondson Ave
5. *Full Name of Mother,* Kate Dorsey Bergen
6. *Mother's Maiden Name,* Kate Lanheart
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Thomas Dorsey Bergen
9. *Father's Occupation* Gardner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L Bowen

Address, 2847 Lakevale Rd

Remarks,

8 9 5 0 0 0 6 2 2 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 8 — 95
4. *Place of Birth, (Street and Number)* 1812 Federal st Baltimore
5. *Full Name of Mother,* Mary T Moore
6. *Mother's Maiden Name,* Mary T Richter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Alfred Moore
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Virginia Stager

Address, 206 N Castle st

Remarks,

8 9 5 0 0 0 2 2 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, (if any shall have
month, and shall set forth as far as the same can be ascer-
been conferred) its sex, color, the full name and occupati
said schedule shall be delivered, duly signed by the pract
third day of each and every month to the office of the C
shall occur without the attendance of a physician or pra
attendance upon the mother, immediately thereafter it s
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offence, to be

RETURN OF A BIRTH. 64557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 8th 1895
4. *Place of Birth, (Street and Number)* 1113 Sharp st.
5. *Full Name of Mother,* Lena Bakes
6. *Mother's Maiden Name,* Kraus
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Aden Becker
9. *Father's Occupation* Workingman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Carolina Schwartz

Address, 434 E. Fort ave

Remarks,

8950002204

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 8, 1895.
4. *Place of Birth, (Street and Number)*	605 Appleton st.
5. *Full Name of Mother,*	Carrie L. Wood
6. *Mother's Maiden Name,*	Carrie L. Talbott
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	William B. Wood
9. *Father's Occupation*	Clerk Bldg. Insp. Office
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	E. N. Holbrook, M.D.
Address,	714 N. Carey st.
Remarks,	

8 9 5 0 0 0 2 2 0 5

mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

That any Physician, accoucheur, midwife, or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 64559

GIVEN NAME ADDED 4-19-54

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Edward Herbert Copes

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* April 8th 1895
4. *Place of Birth, (Street and Number)* 701 N. Fremont-st
5. *Full Name of Mother* Mary Murray Copes
6. *Mother's Maiden Name* Mary Murray Norris
7. *Mother's Birthplace* ~~Baltimore~~ Harford Co. Md
8. *Full Name of Father* Thomas E. Copes
9. *Father's Occupation* Methodist Minister
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amanda J. Norris, M.D.

Address 87 Harlem Ave

Remarks No filing date on this Certificate but it is filed in the 1895 book. B.C.H.D.

8 9 5 0 0 0 2 2 0 6

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 8. April.
4. *Place of Birth, (Street and Number)* N. 403. Chapelstreet.
5. *Full Name of Mother,* Anna König.
6. *Mother's Maiden Name,* Anna Frank.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Ignatius König.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary Klass.

Address, N. 1933. Fairmount. Av.

Remarks,

8 9 5 0 0 0 2 2 0 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 8th 1895
4. Place of Birth, (Street and Number) 911 N. Calvert
5. Full Name of Mother, Mary Hasbrook
6. Mother's Maiden Name, Mary Gardner
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, J. C. Hasbrook
9. Father's Occupation, Clerk
10. Father's Birthplace, Carroll Co Md

Name of Medical Attendant, or other person who makes this Return. Geo. N. Norris M.D

Address, 1501 Pennsylvania

Remarks,

1895000 2208

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh.

1. Sex, (state whether male or ~~female~~) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 8th April 1895
4. Place of Birth, (Street and Number) 1242 Mcelderry St
5. Full Name of Mother, Mary Gonostasis
6. Mother's Maiden Name, Lenen
7. Mother's Birthplace, Rockstate Poland
8. Full Name of Father, Mozes Gonostasis
9. Father's Occupation, Tailor
10. Father's Birthplace, Poland Rockstate

Name of Medical Attendant, or other person who makes this Return, Flinder M. D.

Address, 143 N. Front St

Remarks,

8950002209

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 8
4. *Place of Birth, (Street and Number)* 363 W. Saratoga St.
5. *Full Name of Mother,* Julia Schlueter
6. *Mother's Maiden Name,* Geiger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Schlueter
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. C. L. Buddenbohn

Address, 418 S. Paca St.

Remarks,

8 9 5 0 0 D 2 2 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 5th 1895
4. *Place of Birth, (Street and Number)*	Whitelock 21-1143
5. *Full Name of Mother,*	Annie Laurence
6. *Mother's Maiden Name,*	Angus Queen
7. *Mother's Birthplace,*	Baltimore Co
8. *Full Name of Father,*	Daniel Laurence
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Anne Arundel Co
Name of Medical Attendant, or other person who makes this Return,	Geo. Lucas
Address,	809 Lombard St
Remarks,	Healthy Child

1 8 9 5 0 0 0 2 2 1 1 f

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 9th 1895.
4. *Place of Birth, (Street and Number)* 2327 Cantue Ave. Balto
5. *Full Name of Mother,* Emma Jarrel.
6. *Mother's Maiden Name,* Emma Wrightson.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Thomas Jarrel.
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M Taylor.

Address, 1615 S. Patterson Pk. Ave.

Remarks,

1895000022 12

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Apr. 9.
4. *Place of Birth, (Street and Number)*	Garner st.
5. *Full Name of Mother,*	Ella Lemby
6. *Mother's Maiden Name,*	Ella Lemby
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Daniel Young.
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Cecelia Howard
Address,	1013 Chapple st.
Remarks,	

8 7 5 0 0 0 2 2 1 3

Wm J C. Dulany Co., City Printers and Stationers.

...ertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 7th.
4. *Place of Birth, (Street and Number)*	1625 St Josephus st.
5. *Full Name of Mother,*	Estella Gibson
6. *Mother's Maiden Name,*	Estella Gibson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Henry Howard
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Cordelia Howard
Address,	1013 N Chapel st
Remarks,	

8 7 5 0 0 0 2 2 1 4

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Twelfth.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	Negro
3. *Date of Birth,*	April 4th 1895
4. *Place of Birth, (Street and Number)*	5-23 Moores Al.
5. *Full Name of Mother,*	Ellen Davis
6. *Mother's Maiden Name,*	" Lyding
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Charles L. Davis.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	West River. Annie Arundel Co.
Name of Medical Attendant, or other person who makes this Return,	Ida Pollack M. D.
Address,	830 N Caroll St
Remarks,	

8950002215

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	April 9th 1895
4. *Place of Birth, (Street and Number)*	1204 Mosher st
5. *Full Name of Mother*	Pauline E. Ford
6. *Mother's Maiden Name*	Unack
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Ignatius P. Ford.
9. *Father's Occupation*	Clerk Merchandise Boat
10. *Father's Birthplace*	St. Mary Co Maryland
Name of Medical Attendant, or other person who makes this Return	Dr Handy Hall M.D.
Address	207 N. Arlington Ave.
Remarks	8 7 5 0 0 0 2 2 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5 1896
4. Place of Birth, (Street and Number) 86 Harford Road
5. Full Name of Mother, Amelia Heinze
6. Mother's Maiden Name, Stolle
7. Mother's Birthplace, Germany
8. Full Name of Father, William Heinze
9. Father's Occupation Barber
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, E. Young Winstock M.D.

Address, 239 Gorsuch Ave

Remarks,

8950002217

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This Schedule shall contain a list of the births which have occurred in the family during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* April - 10 - 1896
4. *Place of Birth, (Street and Number)* 1922 Dillon st
5. *Full Name of Mother,* Marthay Henson
6. *Mother's Maiden Name,* Hammond
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Benjamin Henson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah P. Harrington

Address, 924 Bonney st

Remarks,

8 9 5 0 0 0 2 2 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 10th 1895
4. *Place of Birth, (Street and Number)* 829 Littlers Alley
5. *Full Name of Mother,* Mrs. Annie Dickerson
6. *Mother's Maiden Name,* Miss Annie Miller
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Sewell A. Dickerson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Louisa Hanford

Address, Attendance

Remarks, 136 york. Str

8950002219

Wm J. C. Dulany Co., City Printers and Stationers.

its parents, the date and place of birth; and the
r in the form of a certificate between the first and
sioner of Health. In case the birth of any child
ner of midwifery, or should no other person be in
become the duty of the person or parents of such
manner and within the period above required, and
y with the provisions of this section shall be sub-
ered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-22-54

RETURN OF A BIRTH. 64573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Fannie Meyer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* April 10th 95
4. *Place of Birth, (Street and Number)* No 512 N. Castle Str
5. *Full Name of Mother,* Mary Meyer
6. *Mother's Maiden Name,* Buckmann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* August Meyer
9. *Father's Occupation* Upholsterer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L Gross

Address, No 1907 E Monument Str

Remarks, 1 8 9 5 U 0 0 2 2 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Registry of births, and shall enter the same on blanks furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 3/23/42

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th / 95
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	— — —
3. *Date of Birth,*	April 10th / 95
4. *Place of Birth, (Street and Number)*	No 25 Bradford Stre
5. *Full Name of Mother,*	Mary Lynch Langley
6. *Mother's Maiden Name,*	Baltimore
7. *Mother's Birthplace,*	Milton Lynch
8. *Full Name of Father,*	Miner
9. *Father's Occupation*	Baltimore
10. *Father's Birthplace,*	Mrs L. Gross,
Name of Medical Attendant, or other person who makes this Return.	No 1907 E Monument Stre
Address,	Name Milton Scott Lynch
Remarks,	1895000 2221

Wm. J. C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, if any shall have
cupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
r practitioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 6th

1. *Sex,* (*state whether male or female*) Male.
2. *Race or Color,* (*if not of the white race*) White.
3. *Date of Birth,* April 10/95
4. *Place of Birth,* (*Street and Number*) 1569 Newington place
5. *Full Name of Mother,* Agnes Myers
6. *Mother's Maiden Name,* " " Whitely
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Gri Myers
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo. W. Norris M.D

Address, 1501 Pratt near

Remarks,

8 9 5 0 0 0 2 2 2 2

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 10 April
4. *Place of Birth, (Street and Number)* 1246 Hull st
5. *Full Name of Mother,* Maria Ehrman
6. *Mother's Maiden Name,* " Hoff
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred. Ehrman
9. *Father's Occupation* Laboar
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Dorff. Wagner

Address, 1331 Hull st Locust Point

Remarks,

1 8 9 5 0 0 0 2 2 2 3

mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

KODAK SAFETY FILM

RETURN OF A BIRTH. 64377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) Colored
3. *Date of Birth*, 1 P. M. Apr.
4. *Place of Birth*, (*Street and Number*) 62 Eastern Ave
5. *Full Name of Mother*, [illegible]
6. *Mother's Maiden Name*, [illegible]
7. *Mother's Birthplace*, St. Mary's County
8. *Full Name of Father*, [illegible]
9. *Father's Occupation*, Laborer
10. *Father's Birthplace*, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 62 Eastern Ave.

Remarks,

8 9 5 0 0 0 2 2 2 4

Wm J C. Dulany Co., City Printers and Stationers.

...its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11. 1895
4. Place of Birth, (Street and Number) 1604. Fort Av
5. Full Name of Mother, Mary A. Doyle
6. Mother's Maiden Name, Mary A. Foley
7. Mother's Birthplace, Balt
8. Full Name of Father, Michel F Doyle
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Mrs Ethel

Address, No 1619. Cross St

Remarks,

8 9 5 0 0 0 2 2 2 5

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Frist

1. *Sex, (state whether male or female)* mail
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* the 11 April
4. *Place of Birth, (Street and Number)* welcom Alley 131
5. *Full Name of Mother,* martha Simpson
6. *Mother's Maiden Name,* martha Grymon
7. *Mother's Birthplace,* Annapolis
8. *Full Name of Father,* William A Simpson
9. *Father's Occupation* Brickmaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Eliza jackson

Address, welcome Alley 125

Remarks,

8950002226

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11th 95
4. Place of Birth, (Street and Number) 610 S. Sharp St
5. Full Name of Mother, Annie Catherine Kach
6. Mother's Maiden Name, " " Medeke
7. Mother's Birthplace, Germany
8. Full Name of Father, Adolph J. Kach
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Isaac Pollack M.D

Address, 1030 McCulloh St.

Remarks,

8 9 5 0 0 0 2 2 2 7

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64381

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 11th 1895
4. *Place of Birth (Street and Number)* 312 N. Carey St.
5. *Full Name of Mother* Ada Gelt.
6. *Mother's Maiden Name* Ada Leland
7. *Mother's Birthplace* North Ashburnham, Mass.
8. *Full Name of Father* Charles Gelt,
9. *Father's Occupation* Physician
10. *Father's Birthplace* Baltimore, Maryland

Name of Medical Attendant, or other Person who makes this Return. Charles Gelt, M.D.

Address 312 N. Carey St.

Remarks

1895000 2228

Every physician, accoucheur, or midwife, and every other person who shall hereafter in the City of Baltimore, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 64582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 11th 1895
4. *Place of Birth, (Street and Number)* 1525 Cole St.
5. *Full Name of Mother,* Agnes M. Clarke
6. *Mother's Maiden Name,* Dr. D. Anderson
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* J. Thomas Clarke
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Prince George Co. Md.

Name of Medical Attendant, or other person who makes this Return, Joseph F Wunder

Address, 1075 W. Fayette St.

Remarks, L. O. I. A.

8475000 2229

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 11th 1885
4. Place of Birth, (Street and Number) No 512 Fredrick Ave
5. Full Name of Mother, Anna Malstedt
6. Mother's Maiden Name, Anna Bahne
7. Mother's Birthplace, Germany
8. Full Name of Father, Herman Malstedt
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1895000 2230

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. The Physician shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Apl 11th
4. *Place of Birth, (Street and Number)*	522 Columbia Ave
5. *Full Name of Mother,*	Isabella L. Garges
6. *Mother's Maiden Name,*	Isabella L. Leeman
7. *Mother's Birthplace,*	Germany Washington
8. *Full Name of Father,*	John A. Garges
9. *Father's Occupation*	Track Painter
10. *Father's Birthplace,*	Washington DC
Name of Medical Attendant, or other person who makes this Return,	Wellington Bleyer
Address,	641 Dolphin St
Remarks,	

8950002231

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF BIRTH. 64585

GIVEN NAME ADDED 8-27-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Beryl

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, April 12th 1895
4. Place of Birth, (Street and Number) 214 Montford Ave Balto. Md
5. Full Name of Mother, Louisa Baily
6. Mother's Maiden Name, Louisa Smith
7. Mother's Birthplace, Eastern Shore. Talbot county. Md.
8. Full Name of Father, John. Edward. Baily.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Susan Hooper.

Address, 123. N. Durham st.

Remarks,

8 9 5 0 0 0 2 2 3 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

nd occupation of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occ
said schedule shall be delivered, duly signed by the p
third day of each and every month to the office of the
shall occur without the attendance of a physician or
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Healt
any such person or persons who shall hereafter fail
jected to the fine of ten (10) dollars for each offence, to

RETURN OF A BIRTH. 64586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 12th 1895
4. *Place of Birth, (Street and Number)* #1203½ S Eutaw st Balto
5. *Full Name of Mother,* Marry Elisebeth Pruitt
6. *Mother's Maiden Name,* Marry Elisebeth Barlarge
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Edward Martin Pruitt
9. *Father's Occupation,* Show Case Maker
10. *Father's Birthplace,* Worcester Co Md

Name of Medical Attendant, or other person who makes this Return, Margret A Lambert

Address, #34 E Hamberg st Baltimore city

Remarks, Mother and Child doing Well

8 4 5 0 0 0 2 2 3 3

Wm J C. Dulany Co., City Printers and Stationers.

tion of its parents, the date and place of birth; and the
titioner in the form of a certificate between the first and
ommissioner of Health. In case the birth of any child
ctitioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
n the manner and within the period above required, and
comply with the provisions of this section shall be sub-
recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 12
4. *Place of Birth, (Street and Number)* 119 E Monument
5. *Full Name of Mother,* Augusta Schmidt
6. *Mother's Maiden Name,* Augusta Cosse
7. *Mother's Birthplace,* Saarburg Germany
8. *Full Name of Father,* August Schmidt Jr
9. *Father's Occupation,* Teacher
10. *Father's Birthplace,* Frankenberg

Name of Medical Attendant, or other person who makes this Return. D. Edwards M.D.

Address, 1120 E Monument St

Remarks,

1 8 9 5 0 0 0 2 2 3 4

Wm J C. Dulany Co., City Printers and Stationers.

ained the full name of each child, (if any shall have
n of its parents, the date and place of birth; and the
oner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissioner
shall occur without the attendance of a physician or practitioner of
attendance upon the mother, immediately thereafter it shall become
child to report its birth to the Commissioner of Health, in the manner
any such person or persons who shall hereafter fail to comply with
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 5th 1915
4. *Place of Birth, (Street and Number)* 2 E. Montpelier Ave
5. *Full Name of Mother,* Lee Thomson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Willis C. Dyson
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Calvert Co.

Name of Medical Attendant, or other person who makes this Return, Jno. Berry

Address, 502 Lafayette Ave

Remarks,

8 9 5 0 0 2 2 3 5

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Feehely

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 13 th 1875
4. *Place of Birth, (Street and Number)* No 1141 Leadenhall st
5. *Full Name of Mother,* Barbara Feehely
6. *Mother's Maiden Name,* Barbara Hagenbahn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Martin H. Feehely
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Horning

GIVEN NAME ADDED 6-23-53

Address No 1347 Byrd st

Remarks, h.m.

8750002236

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 13 1895
4. *Place of Birth, (Street and Number)* Baltimore Md 351 S Fountain St
5. *Full Name of Mother,* Eula E Fox
6. *Mother's Maiden Name,* Fox
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William Fox
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Dr Mary Kraning

Address, 418 S Stricker St Baltimore Md

Remarks, Mother and Child are doing well

8950002237

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which
month, and shall set forth as far as the same can be ascertained th
been conferred; its sex, color, the full name and occupation of its
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissio
shall occur without the attendance of a physician or practitioner of
attendance upon the mother, immediately thereafter it shall becom
child to report its birth to the Commissioner of Health, in the manne
any such person or persons who shall hereafter fail to comply with
jected to the fine of ten (10) dollars for each offence, to be recovered

RETURN OF A BIRTH. 64591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* April 13th 1895
4. *Place of Birth, (Street and Number)* No 2043 E Biddle Street
5. *Full Name of Mother,* Katie Perry
6. *Mother's Maiden Name,* Snyder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Eli Perry
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross.

Address, No 1917 E Monument Street

Remarks, 1895U002238

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 64393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (State whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	April 13th 1895
4. *Place of Birth, (Street and Number)*	1925 St Paul St.
5. *Full Name of Mother,*	Emily M Cushing.
6. *Mother's Maiden Name,*	" Worrial.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Wylie E Cushing.
9. *Father's Occupation,*	Financier.
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	Dr W. P. Morgan
Address,	315 W Monument St.
Remarks,	8950002239

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that has been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. EULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 64593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Saturday April 13th (345 PM) '95
4. *Place of Birth, (Street and Number)* 114 Park Ave
5. *Full Name of Mother,* Margaret Killian
6. *Mother's Maiden Name,* Margaret Kelly
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Killian
9. *Father's Occupation* Restaurant Keeper
10. *Father's Birthplace,* Boston, Mass.

Name of Medical Attendant, or other person who makes this Return, Elsmere Hospital

Address, 116 W Mulberry St

Remarks,

1895 00022240

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-22-55

RETURN OF A BIRTH 64594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Norman Alexander ~~Lee~~ Price

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 14th 1895
4. Place of Birth, (Street and Number) 1145 E. Vincent Alley
5. Full Name of Mother, Mary Lizzie Price
6. Mother's Maiden Name, Mary Linda Tackel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles L. Price
9. Father's Occupation Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Dean

Address, 1809 Lamont St

Remarks, 8950022411 Colored

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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mation, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th -

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* April 14th - 1895 -

4. *Place of Birth, (Street and Number)* 615 Lucerne St -

5. *Full Name of Mother,* Clara Bell Valentine -

6. *Mother's Maiden Name,* Saunders -

7. *Mother's Birthplace,* Rock Bridge Va. -

8. *Full Name of Father,* Alexander Valentine -

9. *Father's Occupation* Clerk -

10. *Father's Birthplace,* Balto. Md. -

Name of Medical Attendant, or other person who makes this Return, M. A. Davenport -

Address, 2924 E. Pratt St -

Remarks, Doing very well -

1 8 9 5 0 0 0 2 2 4 2

Wm. J. C. Dulany Co., City Printers and Stationers

64596

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)		The Fourth
1. *Sex, (State whether male or female)*		Male
2. *Race or color, (if not of the white race)*		White
3. *Date of Birth,*		April 14
4. *Place of Birth, (Street and Number)*		Seder av 287
5. *Full Name of Mother,*		Alvirda L Richards
6. *Mother's Maiden Name,*		Alvirda L Sanders
7. *Mother's Birthplace,*		Harford Co Port Deposit
8. *Full Name of Father,*		Isaac H Richards
9. *Father's Occupation,*		Ice Driver
10. *Father's Birthplace,*		Howard Carroll Co Md
Name of Medical Attendant,	or other person who makes this Return.	Elizabeth Finnerman
Address,		Hamden City
Remarks,		8950002243

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 6497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Apr. 15th
4. Place of Birth (Street and Number),	714 Pierce St.
5. Full Name of Mother,	Eleanora Jewell
6. Mother's Maiden Name,	Eleanora Jewell
7. Mother's Birthplace,	Balt.
8. Full Name of Father,	David Bruce
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balt.
Name of Medical Attendant, or other person who makes this Return.	R. M. Hall
Address,	1019 D. Hill ave
Remarks,	

1895000 2244

And shall set forth as far as the above and the said schedule of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissio
shall occur without the attendance of a physician or practitioner of
attendance upon the mother, immediately thereafter it shall becom
child to report its birth to the Commissioner of Health, in the mann
any such person or persons who shall hereafter fail to comply with
jected to the fine of ten (10) dollars for each offence, to be recovered

RETURN OF A BIRTH. 64598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 H

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 15 H 1895
4. *Place of Birth, (Street and Number)* No 1154 Riverside Ave
5. *Full Name of Mother,* Ellen Kirby
6. *Mother's Maiden Name,* Ellen Tiddenings
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Andrew Kirby
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Horning

Address, No 1517 Byrd st

Remarks,

8 v 5 0 0 0 : 2 4 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 52

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 1st 1895
4. *Place of Birth, (Street and Number)* 9 S Shroeder Sr -
5. *Full Name of Mother,* Helen Roberta Hunter
6. *Mother's Maiden Name,* do do Barker
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Joseph Marion Hunter
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Joseph B Warden

Address, 1055 W. Fayette St -

Remarks, L. D. L.

8950002246

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15-16 th.

1. *Sex, (state whether male or female)* Male - Female
2. *Race or Color, (if not of the white race)* — — —
3. *Date of Birth,* April 15th 95
4. *Place of Birth, (Street and Number)* No. 2333 Millinan Ave.
5. *Full Name of Mother,* Tillie Kosman
6. *Mother's Maiden Name,* Lingelbach
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Kosman
9. *Father's Occupation* Cabinetmaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. L. Gross.

Address, No. 1907 E Monument Str.

Remarks, 8950002247

Wm. J. C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, if any shall have ...e same can be ascertained, the sex, color, the full name and occupation ...its parents, the date and place of birth; and the ...month, and shall set forth as far as the same can be ascertained ...been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 6460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 15 th 1895
4. *Place of Birth, (Street and Number)*	No 234 N. Mount St
5. *Full Name of Mother,*	Mary J. Rogers
6. *Mother's Maiden Name,*	Mary J. White
7. *Mother's Birthplace,*	New York City
8. *Full Name of Father,*	Michael H. Rogers
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	L G Spanow M D
Address,	# 1037 N. Fulton Avenue Balto
Remarks,	

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ET & CO., CITY PRINTERS AND STATIONERS.

1895000 2248

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 15th 1875
4. *Place of Birth, (Street and Number)* No 27 Carroll Ave
5. *Full Name of Mother,* Mary Holden
6. *Mother's Maiden Name,* Mary Anderson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Garey A Holden
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Queenans Co

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 5 0 0 0 2 2 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, April 16 1895
4. Place of Birth, (Street and Number) 917 Jorden street
5. Full Name of Mother, Katie Jones
6. Mother's Maiden Name, Katie Berry
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Jones
9. Father's Occupation Carriage washing
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Lucy Cornish

Address, 255 Canby

Remarks,

6 9 5 0 0 0 2 2 5 0

month, and shall set forth as far as the same can be ascertained, the name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 64604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16 April 1895

4. Place of Birth, (Street and Number) Baltimore Md 4988 Gibson

5. Full Name of Mother, Julia Mary Langlois

6. Mother's Maiden Name, " " Dean

7. Mother's Birthplace, St Marys Co Md.

8. Full Name of Father, Augustus Langlois

9. Father's Occupation, Cigar Maker.

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Kraning

Address, 414 S Stricker St Baltimore Md

Remarks, Mother and Child are doing well.

1 8 9 5 0 0 0 2 2 5 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 64603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother*, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 6th Child

1. *Sex*, (*state whether male or female*) Male

2. *Race or Color*, (*if not of the white race*) Colored

3. *Date of Birth*, April 17th 1895

4. *Place of Birth*, (*Street and Number*) 1129 Orleans St

5. *Full Name of Mother*, Charlotte Lewis

6. *Mother's Maiden Name*, Brown

7. *Mother's Birthplace*, Baltimore Md

8. *Full Name of Father*, James Lewis

9. *Father's Occupation*, Laborer

10. *Father's Birthplace*, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Susan Hopper

Address, 123 N Durham St

Remarks, She is not a full time mid. Pole but assures me I can give it 1895000225 2

been conferred his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64606

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 2nd 5 1/2 A.M. 1895
4. *Place of Birth (Street and Number)* 2113 E. Pratt St
5. *Full Name of Mother* Fizure Stewart
6. *Mother's Maiden Name* F. Engel
7. *Mother's Birthplace* London
8. *Full Name of Father* Robt. Stewart
9. *Father's Occupation* Distiller
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return, James E Donnelly M.D

Address 1701 Balto St. East

Remarks

1895000022 53

RETURN OF A BIRTH. 64667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Indian
3. *Date of Birth,* 4 April 1926
4. *Place of Birth, (Street and Number)* 104 Schroder St.
5. *Full Name of Mother,* Clara Pratt
6. *Mother's Maiden Name,* Clara Pratt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Unknown (child illegitimate)
9. *Father's Occupation,* ——
10. *Father's Birthplace,* ——

Name of Medical Attendant, or other person who makes this Return, Hannah Ritchie

Address, 609 Gantt St.

Remarks, Only that the child is illegitimate.

1 8 9 5 0 0 0 2 2 5 4

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 2nd 1895
4. *Place of Birth, (Street and Number)* 1008 E Lombard St
5. *Full Name of Mother,* Sarah Kantz
6. *Mother's Maiden Name,* Sarah Greenholz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jacob Kantz
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Y Feldman

Address, 1013 E Lombard St

Remarks, 1 8 9 5 0 0 0 2 2 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 6th 1895
4. Place of Birth, (Street and Number) 737 E Preston
5. Full Name of Mother, Charlotte Amanda
6. Mother's Maiden Name, " West
7. Mother's Birthplace, Md
8. Full Name of Father, Edward L. Meade
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, George B. Reynolds MD

Address, 711 Calvert

Remarks, 1895000 2256

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 6 th 1895
4. Place of Birth, (Street and Number) No. 25 Belair ave, Annex.
5. Full Name of Mother, Rosa Rauber
6. Mother's Maiden Name, " " Kanf
7. Mother's Birthplace, Germany
8. Full Name of Father, William Rauber
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, No. 1 Mine Bank Lane

Remarks, none

1895002257

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 7/95
4. Place of Birth, (Street and Number) Balto W. Mulberry 292 N. Bond
5. Full Name of Mother, Clara Tyler
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto City
8. Full Name of Father, George Wilson
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. J. C. Ohlendorf M.D.

Address, 518 N. Bond St

Remarks,

1 8 9 5 0 0 0 1 2 5 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. [illegible] set forth as far as the same can be ascertained the full name, sex, color, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-19-55

RETURN OF A BIRTH. 64613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Helen ~~Shay~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 7th 1895

4. Place of Birth, (Street and Number) 1816 Fairmount Ave

5. Full Name of Mother, Virginia Shay

6. Mother's Maiden Name, Dickerson

7. Mother's Birthplace, Worchester Co

8. Full Name of Father, George Shay

9. Father's Occupation Pilot

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Wm H Crawford

Address, 2103 Orleans street

Remarks,

18 5 0 0 0 2 5 9

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* April 7th 1895.

4. *Place of Birth, (Street and Number)* 1419 N. Dallas

5. *Full Name of Mother,* Maggie O'Connell

6. *Mother's Maiden Name,* Gormley

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Thomas J. O'Connell

9. *Father's Occupation,* Brass Moulder

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, George B. Reynolds M.D.

Address, 711 N Calvert St

Remarks,

1895 00 02260

Wm J C. Dulany Co., City Printers and Stationers.

(1) Every physician or midwife in attendance upon the birth of any child born in the City of Baltimore, and the parent or parents of such child, or in default of such parent or parents, the householder of the house in which such birth occurs, shall report to the Commissioner of Health, within ten days after the birth, the date and place of birth; and the name, age, sex, color, and occupation of its parents, the date and place of birth; and the name, age, sex, color, and occupation of its parents, the date and place of birth; and the name, age, sex, color, and occupation of its parents

RETURN OF A BIRTH. 64614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seven

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Caucasian
3. *Date of Birth,* Apr. 13, 1895.
4. *Place of Birth, (Street and Number)* 809 Penna ave.
5. *Full Name of Mother,* Annie Kahn
6. *Mother's Maiden Name,* Annie Marke.
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Kahn.
9. *Father's Occupation,* Painter.
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Wm. M. Pancbaker, M.D.

Address, 1126 Penna ave.

Remarks,

1895 00 02261

Wm J C. Dulany Co., City Printers and Stationers.

practitioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
practitioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 19 1895
4. *Place of Birth, (Street and Number)*	127 E Monument St
5. *Full Name of Mother,*	Sarah E Templeton
6. *Mother's Maiden Name,*	Tyler
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Andy M Templeton
9. *Father's Occupation*	Druggist
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	J Bryan M.D.
Address,	Eager & Wolcott.
Remarks,	

8 9 5 0 0 0 2 2 6 2

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 64616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13th of April 1895
4. *Place of Birth, (Street and Number)* 1012 E Lombard st Baltimore
5. *Full Name of Mother,* Hollie Clark
6. *Mother's Maiden Name,* Hollie Sullivan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel E Clarke
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Payson Ave St

Remarks, 1895000 2263

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name, sex, color, date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 14 April
4. *Place of Birth, (Street and Number)* 64 Howard st
5. *Full Name of Mother,* Arrena Coney
6. *Mother's Maiden Name,* Arrena Sands
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel Coney
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Amelia Gross

Address, 17 Winder Street

Remarks,

8950002264

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

64618

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 15, 1895
4. Place of Birth, (Street and Number) 111 Spring Ave
5. Full Name of Mother, Julia Goldman
6. Mother's Maiden Name, Julia Swartz
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Goldman
9. Father's Occupation Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Goldman

Address, 1013 E Fayette St

Remarks, Twins

1895000 2265

Wm. J. C. Dulany Co., City Printers and Stationers.

...case cannot be ascertained the midwife or other person, in charge, shall report the same as far as can be ascertained, and the occupation of its parents, the date and place of birth; and the name conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d 3rd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15 Feb
4. *Place of Birth, (Street and Number)* 627 E. Baltimore St
5. *Full Name of Mother,* Lillian D. Daniels
6. *Mother's Maiden Name,* Lillian Lankford
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Howard B. Daniels
9. *Father's Occupation* Contractor
10. *Father's Birthplace,* North Carolina

Name of Medical Attendant, or other person who makes this Return, Mrs Lowe Hannah E

Address, 2103 Orleans Street City

Remarks,

0750002266

Wm. J. C. Dulany Co., City Printers and Stationers

on of its parents, the date and place of birth; and the
tioner in the form of a certificate between the first and
missioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner
titioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall be
the manner and within the period above required, and
child to report its birth to the Commissioner of Health, in the
any such person or persons who shall hereafter fail to comply
ecovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 15th 1893
4. *Place of Birth, (Street and Number)* 527 N Front
5. *Full Name of Mother,* Sarah Ann Morgan
6. *Mother's Maiden Name,* " " Corrigan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Richard F Morgan
9. *Father's Occupation,* Saloon - Keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo B Reynolds M.D.

Address, 711 N Calvert St

Remarks,

1895000 2267

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Cottage Ave & Round wood
4. *Place of Birth, (Street and Number)*	April 16
5. *Full Name of Mother,*	Johana Tetuse
6. *Mother's Maiden Name,*	Johana Bartell
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Tetuse
9. *Father's Occupation*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mc. A. Pertner
Address,	241 S. Chester st
Remarks,	

1 8 9 5 0 0 0 2 2 6 8

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RETURN OF A BIRTH. 64622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 17
4. *Place of Birth, (Street and Number)*	1121 Bruke st. N.
5. *Full Name of Mother,*	Annie Pundict
6. *Mother's Maiden Name,*	Annie Hoffer
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Edward Pundict
9. *Father's Occupation*	Barber
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary A Pertner
Address,	241 S. Chester st
Remarks,	

1895 0002269

Wm. J. C. Dulany Co., City Printers and Stationers

e ascertained the full name of each child, (if any shall have
month, and shall set forth as far as the same can be ascer-
occupation of its parents, the date and place of birth; and the
been conferred,) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practi-
practitioner in the form of a certificate between the first and
third day of each and every month to the office of the C
of the Commissioner of Midwifery, or should no other person be in
shall occur without the attendance of a physician or pra
or practioner of midwifery, the duty of the person or parents of such
attendance upon the mother, immediately thereafter it s
er it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in
alth, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to com-
d to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be
s, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 64623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 17th 95

4. Place of Birth, (Street and Number) 241 Lanvale St

5. Full Name of Mother, Mrs. Ella Eisenbrandt

6. Mother's Maiden Name, Mrs " Schmidt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, C. Henry Eisenbrandt

9. Father's Occupation, Merchant

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return John C. Timmeter M.D.

Address, 1734 Linden Ave

Remarks,

1 8 9 5 0 0 0 2 7 0

any nurse shall have been conferred, its sex, color, the time and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents, or such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 64624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Apr. 17/95
4. *Place of Birth, (Street and Number)*	539 Gold St.
5. *Full Name of Mother,*	Mrs Jas. Powell
6. *Mother's Maiden Name,*	Lizzie Deberer
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Jas. Powell
9. *Father's Occupation*	Produce Dealer
10. *Father's Birthplace,*	Salisbury Md.
Name of Medical Attendant, or other person who makes this Return.	E. Hyatt M.D.
Address,	2505 Penna. Ave
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1 8 9 5 0 0 0 2 2 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 64625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) Fourth

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Apr. 17th. 1895.
4. *Place of Birth (Street and Number),* #20 & Carroll St.
5. *Full Name of Mother,* Phoebe E. Amos
6. *Mother's Maiden Name,* Harris
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Charles D. Amos
9. *Father's Occupation,* Md.
10. *Father's Birthplace,* D. S. Williams M.D.

Name of Medical Attendant, or other person who makes this Return. #214 Carroll St.

Address, Woodbury

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Baltimore Publishing Co., City Printers and Stationers

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RETURN OF A BIRTH. 64626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6. birth.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, april. 15th. 1895.
4. Place of Birth, (Street and Number) Rice, St. 15.12.
5. Full Name of Mother, Bettie, Hopkins. age. 27.
6. Mother's Maiden Name, Bettie, Sturgis.
7. Mother's Birthplace, Charles, Co. Md.
8. Full Name of Father, William Watkins age, 43.
9. Father's Occupation, Common Labor.
10. Father's Birthplace, Charles, Co. Md.

Name of Medical Attendant, or other person who makes this Return, Carrie. Reid.

Address, 417. Parrish alley.

Remarks,

1895 00022273

Wm J C. Dulany Co., City Printers and Stationers.

BANK OF SAFETY

RETURN OF A BIRTH. 64627

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 18th 4.50 P.M. 1895
4. *Place of Birth (Street and Number)* 241 S. Bond St.
5. *Full Name of Mother* Mary Catherine Evans
6. *Mother's Maiden Name* M C. Potter
7. *Mother's Birthplace* Balto. Md
8. *Full Name of Father* Wm. H. Evans
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Eastern Shore Md

Name of Medical Attendant, or other Person who makes this Return. James E Donnilly M.D

Address 1701 Balto St East

Remarks

1895000274

The Physician, Midwife, or other person in attendance upon any birth in the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 18
4. *Place of Birth, (Street and Number)* 419 Scott St.
5. *Full Name of Mother,* Capatola Thurman
6. *Mother's Maiden Name,* " Wilson
7. *Mother's Birthplace,* Fredericktp County
8. *Full Name of Father,* Williams Thurman
9. *Father's Occupation* Telegraph Operator
10. *Father's Birthplace,* Frederick

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Morgan

Address, 412 South St

Remarks, 1895000 2275

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6 of 629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 & 4 Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 5th 1895

4. Place of Birth, (Street and Number) 123 Stocton Alley

5. Full Name of Mother, Georgetta Gaskins

6. Mother's Maiden Name, Georgetta Thompson

7. Mother's Birthplace, Eastern Shore

8. Full Name of Father, Charles Gaskins

9. Father's Occupation Coal Driver

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mary Lucas

Address, 1809 Lemmon St

Remarks, Twin

1 6 9 5 0 0 0 2 2 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, the date and the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 20th. 95.
4. Place of Birth, (Street and Number) 818 West Baltimore St.
5. Full Name of Mother, Victoria Ganzhorn
6. Mother's Maiden Name, Victoria Kadorcl
7. Mother's Birthplace, Newbrune Va.
8. Full Name of Father, Henry L. Ganzhorn
9. Father's Occupation Barber
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Pile. M.D.

Address, 1203 W. Fayette St

Remarks,

1 8 9 5 0 0 0 2 2 7 7

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practitioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
practitioner of midwifery, or should no other person be in
r it shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitio
third day of each and every month to the office of the Comm
shall occur without the attendance of a physician or practi
attendance upon the mother, immediately thereafter it sha
child to report its birth to the Commissioner of Health, in th
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offence, to be re

RETURN OF A BIRTH. 64631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 20/1895
4. Place of Birth, (Street and Number) 1145 Granby St
5. Full Name of Mother, Sea Shiat
6. Mother's Maiden Name, Sea Shiat
7. Mother's Birthplace, Rosilia Russia
8. Full Name of Father, Isa Shiat
9. Father's Occupation, Tailor
10. Father's Birthplace, Rosilia Russia

Name of Medical Attendant, or other person who makes this Return,

Address, Jutta Klagwansky

Remarks, 1022 E Lombard St

1895000 2278

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RETURN OF A BIRTH. 64633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 21/95
4. *Place of Birth, (Street and Number)* 130 S Exeter St
5. *Full Name of Mother,* Frieda Kaplan
6. *Mother's Maiden Name,* Frieda Kaplan
7. *Mother's Birthplace,* Poland Russ
8. *Full Name of Father,* Oscar Kaplan
9. *Father's Occupation,* Waist Maker
10. *Father's Birthplace,* Lodomir Russ

Name of Medical Attendant, or other person who makes this Return, Nettie Klavansky

Address, 1022 E Lombard St

Remarks,

1 8 9 5 0 0 0 7 2 7 9

Wm J C. Dulany Co., City Printers and Stationers.

been conferred, his &c., (his, her, their) name and residence, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 21/95
4. Place of Birth, (Street and Number) 245 S. Caroline St
5. Full Name of Mother, Chana Granes
6. Mother's Maiden Name, Chana Goldberg
7. Mother's Birthplace, Sodeva Russ
8. Full Name of Father, Jacob Cramer
9. Father's Occupation, Tailor Pants
10. Father's Birthplace, Sodeva Russ

Name of Medical Attendant, or other person who makes this Return, Yetta Klavansky

Address, 1072 E Lombard St

Remarks,

8 7 5 0 0 0 2 2 8 0

been conferred) its sex, color, the full name and occupation of its parents, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 64634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7-

1. *Sex, (State whether male or female)* male-
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* April 6/95.
4. *Place of Birth, (Street and Number)* No. 1004 Penna. av.
5. *Full Name of Mother,* Susie E. Brown.
6. *Mother's Maiden Name,* Henry.
7. *Mother's Birthplace,* Balto. Co. Md.
8. *Full Name of Father,* Henry Clay Brown.
9. *Father's Occupation,* Tobacconist.
10. *Father's Birthplace,* Balto. City.

Name of Medical Attendant, or other person who makes this Return. R. N. Goldsmith, M.D. 11 Harlem av. & Calhoun Sts.

Address,

Remarks, 1 8 9 5 0 0 0 2 2 8 1

Whole, the Sheriff set forth as the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 64635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* April 10th 1895
4. *Place of Birth, (Street and Number)* 413 Dover Street
5. *Full Name of Mother,* Fannie Scott
6. *Mother's Maiden Name,* Fannie Jones
7. *Mother's Birthplace,* Queenaster County Md
8. *Full Name of Father,* Philip Scott
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimor Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs Charlotte Williams

Address, 9/0 Leadenhall st

Remarks, 1895000 2282

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the name, residence and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 12 th April 1895

4. Place of Birth, (Street and Number) 1325 North Grand Ave

5. Full Name of Mother, Mary L. Jenkins

6. Mother's Maiden Name, Mary L. Duff

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank T. Jenkins

9. Father's Occupation Telegraph Operator

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Chr Lauer

Address, No 959 Lafayette Ave

Remarks, Bal. Md. 1895.

1895000 2283

Wm. J. C. Dulany Co., City Printers and Stationers.

When children are born, the date and place of birth, and the sex, color, the full name and occupation of the parents, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13th April
4. *Place of Birth, (Street and Number)* No 837 Leadenhall Ste
5. *Full Name of Mother,* Christina R. Lipp
6. *Mother's Maiden Name,* Spitz
7. *Mother's Birthplace,* Waldbach Germany
8. *Full Name of Father,* Anton Lipp
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Rensperg Osterreich

Name of Medical Attendant, or other person who makes this Return, Mrs A. M. Bischoff

Address, No 829 Columbia Ave.

Remarks,

1895000022884

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore, April 14, 1895
4. Place of Birth, (Street and Number) 16 E. Hill Street Balto. Md.
5. Full Name of Mother, Emma Markowitz
6. Mother's Maiden Name, Emma Rockof
7. Mother's Birthplace, Russia
8. Full Name of Father, Berman Markowitz
9. Father's Occupation Peddlar
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Lena Barber

Address, 41 E. York Street Balto.

Remarks,

1 8 9 5 0 0 0 2 2 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

been completed its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male ~~or female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 14 1895 (Earth Estate)
4. *Place of Birth, (Street and Number)* Montebello Estate
5. *Full Name of Mother,* Sarah T Shanklin
6. *Mother's Maiden Name,* Gaw
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* John T Shanklin
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, B Young Holbrook M.D.

Address, 237 Lorraine Ave

Remarks,

1895 0002286

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) Mulatto
3. *Date of Birth*, 15th day of April 1895
4. *Place of Birth*, (*Street and Number*) 235 N. Appleton St.
5. *Full Name of Mother*, Eugenie Emma Mitchell
6. *Mother's Maiden Name*, Tuckerman
7. *Mother's Birthplace*, Sweet Air Balto. County
8. *Full Name of Father*, Karl Mitchell
9. *Father's Occupation*, Clerk
10. *Father's Birthplace*, Virginia

Name of Medical Attendant, or other person who makes this Return. Jane B Butler

Address, 212 Rock St

Remarks, Mother & Child Well & doing Well.

1895000 2287

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the name and occupation of its parents, the date and place of birth; and the full name and occupation of the first and been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* April 16th 1895
4. *Place of Birth, (Street and Number)* 635 Penn Street Balto Md
5. *Full Name of Mother,* Mary E Spriggs
6. *Mother's Maiden Name,* Mary Brown
7. *Mother's Birthplace,* Harford Co
8. *Full Name of Father,* William Spriggs
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Charlotte Williams

Address, 910 Eaden Hall St

Remarks, Five Dollars

1895000 2288

month, and shall set forth as far as the same can be ascertained the time of each child born alive in any family which has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

64642

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Dark Brown skin
3. *Date of Birth,* April 16th 95
4. *Place of Birth, (Street and Number)* 646 Druid Hill Ave
5. *Full Name of Mother,* Evans Jenkins
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Henry Jones
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Dr. Chas. E. Kane

Address, 64 N. Fulton Ave

Remarks, 1895 0002389

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-18-55

64643

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alice Jane Gettrust

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apl 16th 1895
4. Place of Birth, (Street and Number) 912 W Fayette St Balto md.
5. Full Name of Mother, Roca Gettrust
6. Mother's Maiden Name, Roca Bernheimer
7. Mother's Birthplace, Balto Md
8. Full Name of Father, William F Gettrust
9. Father's Occupation Telegraph Operator
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return Susan Hunter

Address, 23 N Payson Ave

Remarks, 1895000 2290

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17 th April 1895

4. Place of Birth, (Street and Number) 44 S. Pulaski or Mt St

5. Full Name of Mother, Bertha M Blair Zimmer

6. Mother's Maiden Name, Baltimore City

7. Mother's Birthplace, Wm T. Blair

8. Full Name of Father, Tailor

9. Father's Occupation Baltimore City

10. Father's Birthplace, Mrs Hunter

Name of Medical Attendant, or other person who makes this Return, 23 N Poppleton St

Address,

Remarks, 1895000 2291

Wm. J. C. Dulany Co., City Printers and Stationers.

...upation of its parents, the date and place of birth, and the ... full name and occupation ... sex, color, the full name and occupation ... been conferred) its sex, color, the full name and occupation ... been conferred, duly signed by the practitioner in the form of a certificate between the first and ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Mail
2. Race or Color, (if not of the white race) Collar
3. Date of Birth, April 18, 1895
4. Place of Birth, (Street and Number) Baltimore City 618 Burgundy Street
5. Full Name of Mother, Luesia Lyle
6. Mother's Maiden Name, Luesia Robinson
7. Mother's Birthplace, Fairfax Co Virginia
8. Full Name of Father, William Lyle
9. Father's Occupation, ~~Waiter~~ Sexton
10. Father's Birthplace, 620 Burgundy Street

Name of Medical Attendant, or other person who makes this Return, Millie Frost

Address, 17 Winder Street

Remarks, 1895000?292

month, and shall set forth as far as the same can be ascertained the name of each child born; the date and place of birth; and the name, residence, color, the full name and occupation of its parents, the date and place of birth; and the occupation in the form of a certificate between the first and been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, or the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 64646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 18th 1895
4. Place of Birth, (Street and Number) 109 N Poppleton st
5. Full Name of Mother, Anna M Nomis
6. Mother's Maiden Name, Anna M Huster
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William D Nomis
9. Father's Occupation Grocer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Poppleton St

Remarks, 1895000 2293

month, and shall set forth as far as the same can be ascertained the name, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. [illegible] be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 18 1855
4. *Place of Birth, (Street and Number)* 207 Harford Road
5. *Full Name of Mother,* Katherine Inloes Knees
6. *Mother's Maiden Name,* Unk
7. *Mother's Birthplace,* Unk
8. *Full Name of Father,* John W Inloes
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Hyson Westbrook M D

Address, 237 Gorsuch Avenue

Remarks,

+ 8 9 5 0 0 0 2 2 9 4

Wm. J. C. Dulany Co., City Printers and Stationers.

one

RETURN OF A BIRTH. 64648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Edgar ~~Roehmer~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 18 April
4. *Place of Birth, (Street and Number)* 22 Poultney st
5. *Full Name of Mother,* Minnie (~~Roemer~~) Roehmer
6. *Mother's Maiden Name,* Leimbach
7. *Mother's Birthplace,* Amarica - Baltimore Md.
8. *Full Name of Father,* John William ~~Leimbach~~ (~~Roemer~~) Roehmer
9. *Father's Occupation* Labar
10. *Father's Birthplace,* Amarica) Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave

Remarks,

1 8 9 5 0 0 0 2 2 9 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, the name and residence of the attending physician or midwife, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 19th 1890
4. *Place of Birth, (Street and Number)* No 326 Tyson St
5. *Full Name of Mother,* Clara Johnson
6. *Mother's Maiden Name,* Cook
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William Johnson
9. *Father's Occupation* Coachman
10. *Father's Birthplace,* Howard Co. Md.

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, No 1824 Park Ave

Remarks, 1895000 22296

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall state its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred; duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 10-20-59 64650

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Howard Frederick Hupfeld

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 19 April - 1895
4. Place of Birth, (Street and Number) 400 Fort ave
5. Full Name of Mother, ~~Louisa~~ Hupfeld, Anna Kath Elisab.
6. Mother's Maiden Name, ~~Deisroth~~ Deisroth, Anna Kath Elisab.
7. Mother's Birthplace, America
8. Full Name of Father, ~~Peter~~ Hupfeld, Peter Heinrich
9. Father's Occupation labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave

Remarks,

18950022097

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, the number of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as in the case of its parents, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 30th 1895
4. *Place of Birth, (Street and Number)* No 352 W. Biddle St
5. *Full Name of Mother,* Mary L. Dorsey
6. *Mother's Maiden Name,* " " Weems
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Henry J. Dorsey
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Balto. Co. Md

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, No 1024 Park Ave

Remarks, 1895000 2298

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64652 (over)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Dagmar Eleanor Paulsen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 21 1895
4. Place of Birth, (Street and Number) 28 Gorsuch Avenue
5. Full Name of Mother, Avalonia (Paulson) Paulsen
6. Mother's Maiden Name, Marsh
7. Mother's Birthplace, Md (Paulsen)
8. Full Name of Father, Martin H. K. (Paulsen)
9. Father's Occupation Merchant
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return H. Young Westbrook M.D.

Address, 237 Gorsuch Avenue

Remarks,

1895 00 02299

Wm. J. C. Dulany Co., City Printers and Stationers

COVER NAME ADDED 4-29-52

RETURN OF A BIRTH. 64653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Herman Goldstein

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 5 Child

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Balto. April 21, 1895
4. *Place of Birth*, (*Street and Number*) 703 S. Sharp St Balto.
5. *Full Name of Mother*, Sarah Goldstein
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*, Russia
8. *Full Name of Father*, Isach Goldstein
9. *Father's Occupation* Furniture Store.
10. *Father's Birthplace*, Russia

Name of Medical Attendant, or other person who makes this Return. Mrs Lena Barber

Address, #41 E York Street Balto.

Remarks,

84500023000

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 64 634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 1. Herbert

1. Sex, (state whether male ~~or female~~) Male (Full name of child) Chester
2. Race or Color, (~~if not of the white race~~) Colored
3. Date of Birth, 21 April 1895 born at 6¼ Preston Evins
4. Place of Birth, (Street and Number) 803 Madison st alley
5. Full Name of Mother, Margaret E. Higgins
6. Mother's Maiden Name, — — — — — —
7. Mother's Birthplace, Westmoreland County Va.
8. Full Name of Father, William Chester
9. Father's Occupation, coachman
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Josephine Cooper

Address, 913 Shuter

Remarks, Mother and child doing well

Baltimore Md

695000 501

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...occupation of its parents, the date and place of birth, and the ... been conferred) its sex, color, the full name and occupation of the parents, and the ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

5

RETURN OF A BIRTH. 64655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child

1. *Sex, (state whether male or female)* Boy

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* April 22nd 1895

4. *Place of Birth, (Street and Number)* 1009 Bruce Street

5. *Full Name of Mother,* Lillie Waters

6. *Mother's Maiden Name,* Lillie Jones

7. *Mother's Birthplace,* Anne Arundel Co

8. *Full Name of Father,* Edward Waters

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Jones

Address, 1809 Druid Hill

Remarks, Physician

1895000230 2

Wm. J. C. Dulany Co., City Printers and Stationers.

I hereby certify that the full name of each child, if any shall have been conferred, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
er it shall become the duty of the person or parents of such
lth, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr 1/95
4. *Place of Birth, (Street and Number)* Free Syng in Hospital bet Wolfe & Loudon
5. *Full Name of Mother,* Josephine Gage
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return Harry H Arthur MD. Int Resident Phys

Address,

Remarks,

1895000 2303

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 M

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1st of April 95
4. *Place of Birth, (Street and Number)* 628 S. Loyd St
5. *Full Name of Mother,* Martha Weiegardt
6. *Mother's Maiden Name,* Martha Barradzich
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Wilhelm F. Weiegardt
9. *Father's Occupation* Brauer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keules Midwife

Address, 2116 West Pratt St

Remarks,

18950023304

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 1 1895
4. *Place of Birth, (Street and Number)* 900 Hoiak St.
5. *Full Name of Mother,* Ester Colun
6. *Mother's Maiden Name,* Sillie Byuiberg
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Filipp Byuiberg
9. *Father's Occupation* Separate
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Clara Colun

Address, 68 Fronket Space

Remarks,

1 8 9 5 0 0 0 2 3 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	2 ½
2. *ex, (state whether male or female)*	Male
3. *Race or Color, (if not of the white race)*	White
4. *ate of Birth,*	2 ½ y. m. 6 d. 9 h.
5. *lace of Birth, (Street and Number)*	421 Johnallwood
6. *ull Name of Mother,*	Lise Groh
7. *other's Maiden Name,*	Lise Hein
8. *ther's Birthplace,*	Balto
9. *ull Name of Father,*	August Groh
Father's Occupation	Molder
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Heusler midwife
Address,	2116 W. Pratt St
Remarks,	

1 577 5 0 0 0 2 3 0 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. te
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2te of April 95
4. *Place of Birth, (Street and Number)*	2136 W. Fayette St.
5. *Full Name of Mother,*	Lunette Endler
6. *Mother's Maiden Name,*	Lunette Münker
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Anton Endler
9. *Father's Occupation*	Müsiker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W Pratt St.
Remarks,	

8 9 5 0 0 0 2 3 0 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) III

1. *Sex*, (*state whether male or female*) ~~Boy~~ Male

2. *Race or Color*, (*if not of the white race*) Black

3. *Date of Birth*, Apr. 2/97

4. *Place of Birth*, (*Street and Number*) Free Lying-in Hospital - 612 W. Lombard St.

5. *Full Name of Mother*, Annie Hall

6. *Mother's Maiden Name*,

7. *Mother's Birthplace*,

8. *Full Name of Father*,

9. *Father's Occupation*

10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return, Henry H. Arthur M.D. Jr. Resident Phys.

Address,

Remarks,

1897000023088

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ii

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Black

3. *Date of Birth,* Apr 2 / 95

4. *Place of Birth, (Street and Number)* Home Lying in Hospital & Mc Londar

5. *Full Name of Mother,* Annie Hall

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return Harry A. Arthur MD
Lo. Resd Phys.

Address,

Remarks,

1 8 9 5 0 0 0 2 3 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

...practitioner in the form of a certificate between the first and ...the Commissioner of Health. In case the birth of any child ...r practioner of midwifery, or should no other person be in ...it shall become the duty of the person or parents of such ...h, in the manner and within the period above required, and ...comply with the provisions of this section shall be sub... ...o be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitio... third day of each and every month to the office of the Co... shall occur without the attendance of a physician or practi... attendance upon the mother, immediately thereafter it sha... child to report its birth to the Commissioner of Health, in t... any such person or persons who shall hereafter fail to comp... jected to the fine of ten (10) dollars for each offence, to be re...

RETURN OF A BIRTH. 64663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 3 1895
4. *Place of Birth, (Street and Number)* 3304 Regester st
5. *Full Name of Mother,* Minnie Kahl
6. *Mother's Maiden Name,* Garmyen
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Herbert Kahl
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Knapp M.D.

Address, 1 Washington st 205

Remarks, 1 8 9 5 0 0 0 2 3 1 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	3th April 1893.
4. *Place of Birth, (Street and Number)*	1026 W. Barre Street.
5. *Full Name of Mother,*	Lisette Stüber
6. *Mother's Maiden Name,*	Lisette Hurlbrink
7. *Mother's Birthplace,*	Venne Kreis Osnabrück Germania
8. *Full Name of Father,*	G. William Stüber
9. *Father's Occupation*	Feuer Ins Agent.
10. *Father's Birthplace,*	Hannover. Germania
Name of Medical Attendant, or other person who makes this Return.	Mrs Barge
Address,	711 Cross st
Remarks,	

1 8 9 5 0 0 0 2 3 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

been committed in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 White

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 3th 1895
4. *Place of Birth, (Street and Number)* 211 Fothum Pl.
5. *Full Name of Mother,* Rasie Metaskey
6. *Mother's Maiden Name,* Sarah Cohn
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Imanuel Cohen
9. *Father's Occupation* (Russia) Peddler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Chas Cohen

Address, 69 Market Space

Remarks,

1 8 9 5 0 0 0 2 3 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3rd April 1896
4. *Place of Birth, (Street and Number)* 964 N. Lexington St
5. *Full Name of Mother,* Eda Gann
6. *Mother's Maiden Name,* Ginsburg.
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Harris Gann
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 42 Aberdeen St

Remarks,

1 8 9 5 0 0 0 2 3 1 3

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth the full name and occupation of its parents, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of marriage of the parents, the number of children born to the mother, and the number now living, the name and residence of the practitioner in the form of a certificate between the first and been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, the date and place of marriage of the parents, the number of children born to the mother, and the number now living, the name and residence of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the physician or practitioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64667.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Apr. 4/95
4. Place of Birth, (Street and Number) 542 Wayne St
5. Full Name of Mother, Georgianna Queen.
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Harry H. Arthur M.D.

Address, 622 W. Lombard St

Remarks,

+ 8 9 5 0 0 0 2 3 1 4

been conferred) it's sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apl. 1/95 Elgin Ave
4. *Place of Birth, (Street and Number)* The Hermitage (Off Pa. Ave)
5. *Full Name of Mother,* Mrs W. G. Hoffman
6. *Mother's Maiden Name,* Miss Kennedy
7. *Mother's Birthplace,* Howard Co Md
8. *Full Name of Father,* Wm Gilmor Hoffman
9. *Father's Occupation* Coffee Merchant
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Kyle Batchelor MD

Address, 1807 N Charles St

Remarks,

1895 0023 15

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 64669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ii

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr 4/95
4. *Place of Birth, (Street and Number)* Free Lying-in Hospital-bro'd Lombard
5. *Full Name of Mother,* Margaret Cator.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Harry H. Arthur M.D. In Resd. Phys

Address,

Remarks,

18950002316

Wm. J. C. Dulany Co., City Printers and Stationers.

begin Collection on the 1st, 10th, 20th and 30th days of each month, and the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4th of April 95
4. *Place of Birth, (Street and Number)*	225 Montgomeri St.
5. *Full Name of Mother,*	Estela Mason
6. *Mother's Maiden Name,*	Estela Hipsley
7. *Mother's Birthplace,*	Palto
8. *Full Name of Father,*	W. E. Mason
9. *Father's Occupation*	Storekeper
10. *Father's Birthplace,*	Palto
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2216 W. Pratt St
Remarks,	

1 8 9 5 0 0 0 2 3 1 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 1895
4. *Place of Birth, (Street and Number)* 825 S. High St.
5. *Full Name of Mother,* Edna Beal
6. *Mother's Maiden Name,* Shaperio
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Myer Beeals
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 72 Albemarle St

Remarks,

Wm J. C. Dulany Co., City Printers and Stationers.

6 7 5 0 0 0 2 3 1 8

...and occupation of its parents, the date and place of birth; and the ...by the practitioner in the form of a certificate between the first and ...e of the Commissioner of Health. In case the birth of any child ...cian or practitioner of midwifery, or should no other person be in ...ereafter it shall become the duty of the person or parents of such ...f Health, in the manner and within the period above required, and ...fter fail to comply with the provisions of this section shall be sub- ...ence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Apr 5 / 95

4. *Place of Birth, (Street and Number)* 530 West St

5. *Full Name of Mother,* Frances Dorsey

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return Harry A. Arthur MD

Address, 6-21 Lombard St. Jr Resident Phy

Remarks,

8 9 5 0 0 6 2 3 1 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

64673

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 5. 1895

4. *Place of Birth, (Street and Number)* St Vincents Infant Asylum Hanover & Lee sts

5. *Full Name of Mother,* "

6. *Mother's Maiden Name,* Do

7. *Mother's Birthplace,* Not Known

8. *Full Name of Father,* "

9. *Father's Occupation* "

10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return. R. C. Bevin M. D.

Address, 600 N. Eutaw.

Remarks,

1895 0 0 0 2320

Wm. J. C. Dulany Co., City Printers and Stationers.

...d occupation of its parents, the date and place of birth, and the ...been conferred) its sex, color, the full name and occu... ...by the practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the p... ...ice of the Commissioner of Health. In case the birth of any child ...third day of each and every month to the office of ... ...cian or practicuer of midwifery, or should no other person be in ...shall occur without the attendance of a physician or ... ...reafter it shall become the duty, of the person or parents of such ...attendance upon the mother, immediately thereafter ... ...f Health, in the manner and within the period above required, and ...child to report its birth to the Commissioner of Health ... ...fail to comply with the provisions of this section shall be sub- ...any such person or persons who shall hereafter ... ...jected to the fine of ten (10) dollars for each offence, to ...fence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 April 1895
4. *Place of Birth, (Street and Number)* 209 S. Front St
5. *Full Name of Mother,* Lizzie Morris
6. *Mother's Maiden Name,* Michaloff
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Meyer Morris
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Peterman

Address, 42 A Bernard St

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

8950002321

Month after the birth of its sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred) the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Children

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 5th 1895
4. *Place of Birth, (Street and Number)* 275 High St.
5. *Full Name of Mother,* Ida Jacobson
6. *Mother's Maiden Name,* Abrahm Esoral
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Abraham Esoral
9. *Father's Occupation* Tayler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Clara Cohn

Address, 68 market space

Remarks,

18950002322

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	6 April
4. *Place of Birth, (Street and Number)*	2 Eden St. 503
5. *Full Name of Mother,*	Kejay Nickey
6. *Mother's Maiden Name,*	Mayne
7. *Mother's Birthplace,*	Baltimor
8. *Full Name of Father,*	Joseph Nickey
9. *Father's Occupation*	Workman
10. *Father's Birthplace,*	Baltimor
Name of Medical Attendant, or other person who makes this Return,	K. Drell
Address,	S. Bond St. 838
Remarks,	

8 9 5 0 0 0 2 3 2 3

Health. This Schedule shall contain a list of the full name of each child, (if any shall have been ascertained) the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6th of April 95
4. *Place of Birth, (Street and Number)* 5 Frederick Road
5. *Full Name of Mother,* Ida Kirschel
6. *Mother's Maiden Name,* Ida Steigebauer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Edward Kirschel
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Kenter Midwife

Address, 216 W. Pratt St.

Remarks,

1895000232

Wm. J. C. Dulany Co,. City Printers and Stationers.

...tion of its parents, the date and place of birth, and the ...been conferred) its sex, color, the full name and occupation of ...titioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

occupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practicioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or prac
attendance upon the mother, immediately thereafter it s
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to be

month, and shall set forth as full as the same can be ascer
been conferred; its sex, color, the full name and occupati
said schedule shall be delivered, duly signed by the pract
third day of each and every month to the office of the C
shall occur without the attendance of a physician or pra
attendance upon the mother, immediately thereafter it s
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 —
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 6,
4. *Place of Birth, (Street and Number)*	Fell st. 923
5. *Full Name of Mother,*	Michaline Hoslecky
6. *Mother's Maiden Name,*	Frankovsky
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Frank Hoslecky
9. *Father's Occupation*	Workman
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return,	M. Prell
Address,	S. Bond st. 838
Remarks,	

1895 00 02325

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black.
3. *Date of Birth,* Apr. 6/95
4. *Place of Birth, (Street and Number)* 306 Norwoods Court
5. *Full Name of Mother,* Rachel Carr.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Harry H. Arthur MD

Address, 622 W Lombard St

Remarks,

1 8 9 5 0 0 0 2 3 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male (Twin)
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Apr 7/95
4. *Place of Birth, (Street and Number)*	1117 Riborg St.
5. *Full Name of Mother,*	Rose Smith.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Harry H. Arthur M.D.
Address,	622 W. Lombard St
Remarks,	

1 8 9 5 0 0 0 2 3 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Apr 7/95
4. *Place of Birth, (Street and Number)*	1213 Scott St.
5. *Full Name of Mother,*	Mary Kane
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Harry A. Arthur M.D.
Address,	622 W Lombard St
Remarks,	

1 8 9 5 0 0 0 2 3 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Note.—Within ten days after the birth of any child hereafter born in Baltimore City, the full name and occupation of its parents, the date and place of birth, and the name (if any conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Apr. 7/95
4. *Place of Birth, (Street and Number)* Free Lying in Hospital 622 W Lombard
5. *Full Name of Mother,* Susan Wilson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Harry A. Arthur MD
Int Resd Phy

Address,

Remarks,

† 8950022329

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Apr 7/95
4. *Place of Birth, (Street and Number)* Born Living in Hospital 632 W Lombard
5. *Full Name of Mother,* Susan Wilson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Harry A. Arthur MD
Res Phys

Address,

Remarks,

8950002330

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	IV (twin)
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	Black.
3. *Date of Birth,*	Apr. 7/95
4. *Place of Birth, (Street and Number)*	117 Raborg St.
5. *Full Name of Mother,*	Rose Smith
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Harry A. Arthur M.D.
Address,	622 W Lombard St.
Remarks,	

8 9 5 0 0 0 2 3 3 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

aww

RETURN OF A BIRTH. 64685-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Catherine Stoll

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 April
4. Place of Birth, (Street and Number) 306 Wolf st
5. Full Name of Mother, Kate Stoll
6. Mother's Maiden Name, Kate Kachel Koehler
7. Mother's Birthplace, Germany
8. Full Name of Father, Michael Adam Stoll
9. Father's Occupation Cooper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Schuman

Address, 2322 Rose and Fayette

Remarks, 1 8 9 5 0 0 0 2 3 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

...occupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation ...practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practi... ...of the Commissioner of Health. In case the birth of any child ...third day of each and every month to the office of the C... ...or practioner of midwifery, or should no other person be in ...shall occur without the attendance of a physician or prac... ...er it shall become the duty of the person or parents of such ...attendance upon the mother, immediately thereafter it s... ...ith, in the manner and within the period above required, and ...child to report its birth to the Commissioner of Health, in ...to comply with the provisions of this section shall be sub... ...any such person or persons who shall hereafter fail to co... ...jected to the fine of ten (10) dollars for each offence, to be r... ...to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 April 1895
4. *Place of Birth, (Street and Number)* 631 E. Broadway
5. *Full Name of Mother,* Hinzie Rosenberg
6. *Mother's Maiden Name,* Lideman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Morris Rosenberg
9. *Father's Occupation,* Store Keeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Peterman

Address, 12 Albemarle St.

Remarks,

Every physician or midwife who shall have been in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

1 8 9 5 0 0 0 2 3 3 3

RETURN OF A BIRTH. 64687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 1895
4. *Place of Birth, (Street and Number)* 815 E Pratt St
5. *Full Name of Mother,* Sarah Kaplan
6. *Mother's Maiden Name,* Karp
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Ike Kaplan
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Schuman

Address, 42 Aliceanna St

Remarks,

Wm J. C. Dulany Co., City Printers and Stationers.

6 9 5 0 0 0 2 3 3 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and the name of the attending physician or midwife, in the form of a certificate between the first and third days of each month, to the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in attendance, within the period above required, and in the manner and within the period above required, and shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th child april 8 1895

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 8

4. Place of Birth, (Street and Number) 712 Osland st Baltimore

5. Full Name of Mother, Elizabeth Allick

6. Mother's Maiden Name, Elizabeth Hahline

7. Mother's Birthplace, Little York

8. Full Name of Father, John Henry Allick

9. Father's Occupation Teamster

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 714 E. Lanvale

Remarks,

8950002335

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the attendance upon the mother, immediately thereafter, in the manner and form of a certificate between the first and child to report its birth to the Commissioner of Health. In case the birth of any child any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of each midwife, or of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 March
4. *Place of Birth, (Street and Number)* 1031 Madison st
5. *Full Name of Mother,* Kate Connelly
6. *Mother's Maiden Name,* Kate Weber
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Wm Connelly
9. *Father's Occupation* Paperhanger
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bane

Address, 711 N. Gilmor st

Remarks,

1895000 2336

Wm. J. C. Dulany Co., City Printers and Stationers.

...pation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(over)

Name of child: Edward H. Schaeffer 1d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr 9/95
4. *Place of Birth, (Street and Number)* 1607 Eole St.
5. *Full Name of Mother,* Ida Schaeffer Schaeffer
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Henry H. Arthur M.D.

Address, 622 W Lombard St

Remarks,

8950002337

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Black.

3. *Date of Birth,* Apr 10/9[illegible]

4. *Place of Birth, (Street and Number* Free Lying-in Hospital 622 W Lombard

5. *Full Name of Mother,* Mattie Ball.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Harry H. Arthur MD.
In Rear St. Phys.

Address,

Remarks,

8 9 5 0 0 0 2 3 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apr 10/95

4. Place of Birth, (Street and Number) Free Lying-in Hospital 620 W Lombard

5. Full Name of Mother, Lizzie Cross.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Harry D Arthur MD
Jr Resd Phys.

Address,

Remarks,

1 8 9 5 0 0 0 2 3 3 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 10/95
4. *Place of Birth, (Street and Number)* 1919 Cantan Ave.
5. *Full Name of Mother,* Carrie Stahlman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks, Single.

8 4 5 0 0 0 3 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 19 1895
4. *Place of Birth, (Street and Number)* Chapple st 904
5. *Full Name of Mother,* Mary Hinlesh
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* James Hinlesh
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Hopkins

Address, W Washington st 205

Remarks,

8950002341

month, and shall set forth as far as the same can be ascertained the full name of each child, whether it shall have been born alive or dead, the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, including the child last born; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date of its birth, and the number of the child of the mother (whether first, second, third, &c.), in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 April 1895
4. *Place of Birth, (Street and Number)* 628 S. Broadway
5. *Full Name of Mother,* Jetta Eastman
6. *Mother's Maiden Name,* Feigenblatt
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Moses Eastman
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, D. Scherman

Address, 42 Albemarle St

Remarks,

Wm J. C. Dulany Co., City Printers and Stationers.

1 8 9 5 0 0 0 2 3 4 2

RETURN OF A BIRTH. 64696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3 *Date of Birth,*	April 10 - 95
4. *Place of Birth, (Street and Number)*	1719 Harford ave
5. *Full Name of Mother,*	Alma Blumberg
6. *Mother's Maiden Name,*	" Gabriel
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Arthur Blumberg
9. *Father's Occupation,*	Germany
10. *Father's Birthplace,*	Cigar Maker
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Adwell
Address,	1438 N Bond St
Remarks,	

1895 0002343

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 1-21-57

RETURN OF A BIRTH. 64697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Laura Mary Cacace

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 10/95
4. Place of Birth, (Street and Number) 1731 Fairmount Ave.
5. Full Name of Mother, Giulia Cacace
6. Mother's Maiden Name, " Maysa
7. Mother's Birthplace, Italy
8. Full Name of Father, Francesco Cacace
9. Father's Occupation Captain
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs Weisenhofer

Address, 2225 Gough St.

Remarks,

been conferred, its sex, color, the full name and occupation of the parents, the place of birth, and the name of the attending physician or midwife, if any, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 4 5 0 0 0 2 3 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 11th 95
4. *Place of Birth, (Street and Number)* 139 West Cross St
5. *Full Name of Mother,* Lena Ross
6. *Mother's Maiden Name,* Lena Reimers
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* George W. Ross
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, G. H. Hammerbacher M.D.

Address, 1837 Leadenhall St

Remarks,

8 9 5 U 0 0 2 3 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 11th 1895
4. Place of Birth, (Street and Number) 2027 ~~##~~ Payson st.
5. Full Name of Mother, Lilie C. Lindsay
6. Mother's Maiden Name, Boyle
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Harry A. Lindsay
9. Father's Occupation, Clerk.
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. J. H. Mitchell, M.D.

Address, 1911 n. Payson st.

Remarks,

8 9 5 0 0 0 2 3 4 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule is to be filled out as far as the same can be ascertained, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 April 1895
4. *Place of Birth, (Street and Number)* 1225 E. Gay St
5. *Full Name of Mother,* Mrs. Mollie Keesling
6. *Mother's Maiden Name,* Miss Mollie Reichert
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Mr. August Keesling
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Alice Eaton

Address, 1010 Durham st

Remarks,

8 4 5 0 0 0 2 3 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 11/95
4. *Place of Birth, (Street and Number)* 2046 Bank Str.
5. *Full Name of Mother,* Kathie Schlarb
6. *Mother's Maiden Name,* " Sauer
7. *Mother's Birthplace,* ~~Balto.~~ Pennsylvania
8. *Full Name of Father,* William Schlarb
9. *Father's Occupation* Backer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Heisenhofer

Address, 2225 Gough St

Remarks,

8 4 5 0 0 0 2 3 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date of birth, and the number of child born to the mother, and shall sign a certificate in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 11/95
4. *Place of Birth, (Street and Number)* 1907 Alice Ann Str.
5. *Full Name of Mother,* Kathie Hohman
6. *Mother's Maiden Name,* " Knapp
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Hohman
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8 9 5 0 0 0 2 3 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color; (if not of the white race)*
3. *Date of Birth,* April 17 — 1895
4. *Place of Birth, (Street and Number)* 509 S. Register St.
5. *Full Name of Mother,* Auguste Miller
6. *Mother's Maiden Name,* Engelhart
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Albert Miller
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Oak St.

Remarks,

1 8 9 5 0 0 0 2 3 5 0

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...tion of its parents, the date and place of birth, and the ...been conferred) its sex, color, the full name and occupation of ...said schedule shall be delivered, duly signed by the practitioner ...third day of each and every month to the office of the Commi... ...shall occur without the attendance of a physician or practione... ...attendance upon the mother, immediately thereafter it shall be ...child to report its birth to the Commissioner of Health, in the m... ...any such person or persons who shall hereafter fail to comply w... ...jected to the fine of ten (10) dollars for each offence, to be recove... ...recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 11 1895
4. *Place of Birth, (Street and Number)* 1216 Aliceanna st
5. *Full Name of Mother,* Annie Schneider
6. *Mother's Maiden Name,* Garrigen
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Schneider
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Shapiro

Address, 1 Washington ave

Remarks, 8950002351

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 11/05
4. *Place of Birth, (Street and Number)* 2334 Laid ave
5. *Full Name of Mother,* Bridie Brusch
6. *Mother's Maiden Name,* Bridi Bridi
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Bernhard Brusch
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Geary E. Peregoy

Address, 1903 Gough St

Remarks,

8 9 5 0 0 0 2 3 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11th of April 95
4. *Place of Birth, (Street and Number)* 2106 Ramsey St.
5. *Full Name of Mother,* Mage Stumpf
6. *Mother's Maiden Name,* Mage Mohr
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Georg Stumpf
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W. Pratt St.

Remarks,

1 8 9 5 U 0 0 2 3 5 3

month, and shall give the name and occupation of its parents, the date and place of birth, and the name (if it has been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commi shall occur without the attendance of a physician or practitioner shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be child to report its birth to the Commissioner of Health, in the m the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* on the 11th the day of April. 1895
4. *Place of Birth, (Street and Number)* 231 Monford avenue
5. *Full Name of Mother,* Rachel Catherine Braunuth
6. *Mother's Maiden Name,* " " Berenger
7. *Mother's Birthplace,* Balto. Md city
8. *Full Name of Father,* Wm G. Braunuth Jr.
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Balto Md. city

Name of Medical Attendant, or other person who makes this Return, Dr. Braunuth

Address, 2805 East Fayette St

Remarks,

8950002354

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	11 April 1895
4. *Place of Birth, (Street and Number)*	1110 Chapel St
5. *Full Name of Mother,*	Mary.
6. *Mother's Maiden Name,*	Middlemiss
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Louis Lemke
9. *Father's Occupation*	Salesman
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return,	E. J. Williams M.D.
Address,	1114 Chapel St
Remarks,	

1 8 9 5 U 0 0 2 3 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained by reasonable inquiry, the full name and occupation of its parents, the date and place of birth, and the number (if any) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and been conferred, duly signed by the practitioner, which said schedule shall be delivered, duly signed by the practitioner, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4 of April
4. *Place of Birth, (Street and Number)*	Hanover Street 2043
5. *Full Name of Mother,*	Lizzie Müller
6. *Mother's Maiden Name,*	Lizzie Kramer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Müller
9. *Father's Occupation*	Hoseler
10. *Father's Birthplace,*	Germania
Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
Address,	711 N. Broadway
Remarks,	

8 9 5 0 0 0 2 3 5 6

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April the 11 1895
4. *Place of Birth, (Street and Number)*	Parsons St No 3004
5. *Full Name of Mother,*	Mary gentgraf
6. *Mother's Maiden Name,*	Mary Kuhl
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Louis gentgraf
9. *Father's Occupation*	Candy maker
10. *Father's Birthplace,*	germany
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelley
Address,	No 19 22 Wilkins Ave
Remarks,	

8950002357

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the number in the order of birth of each child of the mother that has been conferred, its sex, color, the full name and occupation of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained the date and place of birth; and the name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 11th 1895
4. *Place of Birth, (Street and Number)* 1907 Harlem ave
5. *Full Name of Mother,* Gertrude Maud Gillott
6. *Mother's Maiden Name,* Gertrude M. Eaman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles J Gillott
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Cleveland Ohio

Name of Medical Attendant, or other person who makes this Return, James R Willing MD

Address, 508 N. Fremont ave

Remarks,

1895002358

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RETURN OF A BIRTH. 6472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Kind

1. *Sex, (state whether male or female)* Madchen
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* 11 April 1895
4. *Place of Birth, (Street and Number)* 207 S. Exeter st
5. *Full Name of Mother,* Lina Silbermann
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europa
8. *Full Name of Father,* M. Silbermann
9. *Father's Occupation,* Spinder
10. *Father's Birthplace,* Europa

Name of Medical Attendant, or other person who makes this Return, Lina Handler

Address, 1113 E. Pratt st

Remarks,

1 8 9 5 U 0 0 2 3 5 9

been conferred) its sex, color, the full name and residence of its parents, the date and place of its birth, and the name and residence of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4 April
4. *Place of Birth, (Street and Number)*	Thames St. 1608
5. *Full Name of Mother,*	Apolonia Litovsky
6. *Mother's Maiden Name,*	Polenska
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Stiz Litovsky
9. *Father's Occupation*	Workman
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return,	
Address,	M. Prahl
Remarks,	S. Bond St. 838

8 9 5 0 0 0 2 3 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the name of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 12-95
4. *Place of Birth, (Street and Number)* 811 E Federal
5. *Full Name of Mother,* Dallie Livingston
6. *Mother's Maiden Name,* " McGunigal
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm Livingston
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Alwell

Address, 1438 N Bond

Remarks,

8 9 5 0 0 0 2 3 6 1

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Twines, Male & Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 12 1895
4. Place of Birth, (Street and Number) 109 S. Dallas St.
5. Full Name of Mother, Eliza A. Lee
6. Mother's Maiden Name, Mills
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Lee
9. Father's Occupation Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks, 500 02362

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, the name of the medical attendant or other person making the return, and such other information as may be required upon said schedule. In case a certificate of birth is required in the form of a certificate, the practitioner shall be entitled to receive from the parent or parents, or person having control of the child, the sum of fifty cents. Every practitioner in the city of Baltimore who shall attend upon a birth shall deliver to the mother, or person having control of the child, a blank schedule for the return of such birth, which schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case a practitioner shall not attend upon a birth, the mother, or person having control of the child, shall become liable to the penalty hereinafter provided. Every practitioner of midwifery, or should no practitioner be in attendance, the father or mother of the child, or the householder in whose house it shall occur, shall become the duty of the person of parents, or householder, as the case may be, to report the birth to the Commissioner of Health, in the manner and within the period above required, and in default thereof he shall be liable to the penalty hereinafter provided. Every physician or practitioner in attendance upon the mother, immediately thereafter it shall occur without the attendance of a physician or practitioner it shall become the duty of the person in attendance upon the mother, immediately thereafter to comply with the provisions of this section shall be subject to the penalty hereinafter provided. Every person who shall hereafter fail to report its birth to the Commissioner of Health, in the manner and within the period above required, and in default thereof he shall be liable to the penalty hereinafter provided. Every physician or practitioner

64716

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 2 1895
4. *Place of Birth, (Street and Number)* N Chester st 932
5. *Full Name of Mother,* Mary Ralozy
6. *Mother's Maiden Name,* Garmen
7. *Mother's Birthplace,* James Ralozy
8. *Full Name of Father,* Color
9. *Father's Occupation* Garmen
10. *Father's Birthplace,* Mary Shapiro

Name of Medical Attendant, or other person who makes this Return, N Washington st 205

Address,

Remarks, 8 9 5 U 0 0 2 3 6 3

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 13 '95
4. *Place of Birth, (Street and Number)*	317 Park ave
5. *Full Name of Mother,*	Mrs. Lizzie Frederick
6. *Mother's Maiden Name,*	" Schneider
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Chas H Frederick
9. *Father's Occupation*	Plumbing & Stove Store
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	T C Worthington
Address,	840 W Fayette St
Remarks,	

8 9 5 0 0 0 2 3 6 4

month, and shall set forth as far as the same can be ascertained the name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, or practioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 April 895
4. *Place of Birth, (Street and Number)* 48 Market Space
5. *Full Name of Mother,* Lizzie A Donnell
6. *Mother's Maiden Name,* Geissler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Joseph A Donnell
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Scotland

Name of Medical Attendant, or other person who makes this Return, E. Lehrman

Address, 72 Albemarle St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8950002365

be and occupation of its parents, the date and place of birth, and the
d by the practitioner in the form of a certificate between the first and
fice of the Commissioner of Health. In case the birth of any child
sician or practitioner of midwifery, or should no other person be in
thereafter it shall become the duty of the person or parents of such
r of Health, in the manner and within the period above required, and
eafter fail to comply with the provisions of this section shall be sub-
offence, to be recovered as other fines and forfeitures are recoverable.

been entered) its sex, color, the full name and
said schedule shall be delivered, duly signed by th
third day of each and every month to the office of
shall occur without the attendance of a physician
attendance upon the mother, immediately thereaf
child to report its birth to the Commissioner of He
any such person or persons who shall hereafter f
jected to the fine of ten (10) dollars for each offence

been conferred) its sex, color, the full name and occupation of its parents, the first and
the form of a certificate between the
sioner of Health. In case the birth of any child
of midwifery, or should no other person be in
come the duty of the person or parents of such
manner and within the period above required, and
with the provisions of this section shall be sub-
red as other fines and forfeitures are recoverable.

RETURN OF BIRTH. 64719

NAME ADDED 11-9-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Harry Claus Heinemann

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 13. 1895
4. *Place of Birth, (Street and Number)* Baltimore 1870 Wilhelm st
5. *Full Name of Mother,* Anni Hollstein Heinemann
6. *Mother's Maiden Name,* Anni Hollstein
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* Claus Heinemann
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Crossed

Remarks,

8950002366

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13th of April 97
4. *Place of Birth, (Street and Number)* 9. Frederick Road
5. *Full Name of Mother,* Louise Wakahaise
6. *Mother's Maiden Name,* Louise Hanisch
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Wilhelm, Georg Wakahaise
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Henler midwife

Address, 2116 W Pratt St

Remarks,

8950002367

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month, and shall be given in the name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, the name and residence of the physician or practitioner in the form of a certificate between the first and second days of the month following, which certificate shall be signed by the physician or practitioner and delivered to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in attendance, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 children

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 15th 1895
4. *Place of Birth, (Street and Number)* 116 Eubanoll St.
5. *Full Name of Mother,* Annie Schapiro
6. *Mother's Maiden Name,* David Coplan
7. *Mother's Birthplace,* Russian
8. *Full Name of Father,* Joseph Coplan
9. *Father's Occupation* Jayor
10. *Father's Birthplace,* Russian

Name of Medical Attendant, or other person who makes this Return, Clara Cohen

Address, 68 Market Place

Remarks,

8950022368

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 13th 1895
4. *Place of Birth, (Street and Number)* 215 Hugh St.
5. *Full Name of Mother,* Estella Lee
6. *Mother's Maiden Name,* Edna Smith
7. *Mother's Birthplace,* Russian
8. *Full Name of Father,* Ike Smith
9. *Father's Occupation* Tayler
10. *Father's Birthplace,* Russian

Name of Medical Attendant, or other person who makes this Return. Dan Cohen

Address, 68 market space

Remarks,

8 9 5 0 0 0 2 3 6 9

been conferred) its sex, color, the full name and occupation of its parents, the number of the child of the mother, the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 April 1895
4. Place of Birth, (Street and Number) 12 d Harrison
5. Full Name of Mother, Hannah Goldfarb
6. Mother's Maiden Name, Goldfarb
7. Mother's Birthplace, Russia
8. Full Name of Father, Nathan Goldfarb
9. Father's Occupation, Carpenter
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Fisherman

Address, 1 n 2 Albemarle St

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

8950002370

64724

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is Stillchild

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 April 95
4. *Place of Birth, (Street and Number)* Thames St. No 1629
5. *Full Name of Mother,* Hedwig Lisiewska
6. *Mother's Maiden Name,* Von Pomaniak
7. *Mother's Birthplace,* Poland Prussian
8. *Full Name of Father,* Fredrik Pomaniak
9. *Father's Occupation* Tiemen
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Agnes Hodolnak

Address, 1635 Thames St.

Remarks, Legal

8 9 5 0 0 0 2 3 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 13. 1895
4. *Place of Birth, (Street and Number)*	St Vincents Infant Asylum Mary Lee Macon
5. *Full Name of Mother,*	Mary Macon
6. *Mother's Maiden Name,*	Ga.
7. *Mother's Birthplace,*	Not known
8. *Full Name of Father,*	"
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	R. C. Nassi M.D.
Address,	600 N. Ave.
Remarks,	

8 Y 5 0 0 0 2 3 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as in the case of its parents, the date and place of birth, and the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* April 14 1895
4. *Place of Birth, (Street and Number)* 10 Wolf st E
5. *Full Name of Mother,* Mary Chapman
6. *Mother's Maiden Name,* Bohannon
7. *Mother's Birthplace,* Christ Chapman
8. *Full Name of Father,* Talbot
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Mary Hopkins

Name of Medical Attendant, or other person who makes this Return, Mary Hopkins 205 N Washington ave

Address,

Remarks,

8 7 5 0 0 0 2 3 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and

64727

RETURN OF A BIRTH.

GIVEN NAME ADDED 3-1-1966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: JAMES ~~JOSEPH~~ WILLIAMS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	14 April 1895
4. *Place of Birth, (Street and Number)*	1433 Pulaski St
5. *Full Name of Mother,*	Mrs Ellen Williams
6. *Mother's Maiden Name,*	Ellen Tully
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	James Williams
9. *Father's Occupation,*	Laborer ~~Ireland~~
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs Ann Conroy
Address,	1112 Hanbert St
Remarks,	

8 7 5 0 0 0 2 3 7 4

said scheme shall be duly certified by the Commissioner of Health. It shall not be lawful for any person to practice midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 64728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 April 1895
4. Place of Birth, (Street and Number) 1002 E. Fayette St
5. Full Name of Mother, Yetta Gottlieb Fell
6. Mother's Maiden Name, Russia
7. Mother's Birthplace, Albert Gottlieb
8. Full Name of Father, Tailor
9. Father's Occupation, Russia
10. Father's Birthplace, E. Sherman
    Name of Medical Attendant, or other person who makes this Return, 42 Albemarle St
    Address,
    Remarks,

been collected in a sum not exceeding ten dollars. Every practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

8450002375

64729

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 t kind

1. Sex, (state whether male or female) Madyan
2. Race or Color, (if not of the white race) white race
3. Date of Birth, 14 tpril 1895
4. Place of Birth, (Street and Number) 609 Asquit st
5. Full Name of Mother, Lina Livy
6. Mother's Maiden Name, Europa
7. Mother's Birthplace, David Livy
8. Full Name of Father, Syneider
9. Father's Occupation, Europa
10. Father's Birthplace, Lina Handler

Name of Medical Attendant, or other person who makes this Return,

Address, 1113 E pratt st

Remarks, 8950002376

Wm J C. Dulany Co., City Printers and Stationers.

pation of its parents, the date and place of birth, and the
the full name and occupation
been conferred) its sex, color, the practitioner
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Eleven 14 April 95
4. *Place of Birth, (Street and Number)* Thames st 1612
5. *Full Name of Mother,* Hedwig Kiedy Lijewska
6. *Mother's Maiden Name,* Foni Szymanski
7. *Mother's Birthplace,* Poland, Europe
8. *Full Name of Father,* Anton Szymanski
9. *Father's Occupation* Carpenter Rigger
10. *Father's Birthplace,* Poland.

Name of Medical Attendant, or other person who makes this Return. Agnes Holland

Address, Thames st. nr 1635

Remarks, L. pt

8950002377

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 15th 1895
4. *Place of Birth, (Street and Number)*	600. West Hamburg st.
5. *Full Name of Mother,*	Mrs. Carrie. C. Clark
6. *Mother's Maiden Name,*	Carrie Barlow
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father,*	Harry. H. Clark
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Philadelphia. Pa
Name of Medical Attendant, or other person who makes this Return.	Wm Baige
Address,	711 Y Cross st
Remarks,	

8 9 5 0 0 0 2 3 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

64732

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* April 15th 1895
4. *Place of Birth,* (Street and Number) 1102 Gross St
5. *Full Name of Mother,* Jennie Gilbert
6. *Mother's Maiden Name,* Jennie Keating
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John R. Gilbert
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, James E Willing MD

Address, 508 N Hanover St

Remarks,

8950002379

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner in the case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 64733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	April 15th 1895
4. *Place of Birth, (Street and Number)*	31 S. Bond
5. *Full Name of Mother,*	Ida A. Kaethof
6. *Mother's Maiden Name,*	Ida A. Burger
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Wm H. Kaethof
9. *Father's Occupation*	Cigar Maker
10. *Father's Birthplace,*	~~Ger~~ B. C.
Name of Medical Attendant, or other person who makes this Return,	Geo. L. Dietrich
Address,	6 N. Broadway
Remarks,	1895 00 02380

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a true and correct statement of the full name of each child, if any shall have been ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 15 1895
4. *Place of Birth, (Street and Number)* Duncel alley 221
5. *Full Name of Mother,* Mary Lavecka
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohainnen
8. *Full Name of Father,* Ganeke Lavecka
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohainnen

Name of Medical Attendant, or other person who makes this Return, Marx Kahle

Address, N Eutaw 205

Remarks,

8 y 5 0 0 d 2 3 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall state the color, the full name and occupation of its parents, the date and place of marriage (if married), and whether the child was born alive or dead, and if dead, whether it had been reported to the Coroner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner or midwife, or by the person who shall have been in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	15th of April 95
4. *Place of Birth, (Street and Number)*	2004 Christian St.
5. *Full Name of Mother,*	Rosa Scharowski
6. *Mother's Maiden Name,*	Rosa Spekter
7. *Mother's Birthplace,*	Poland
8. *Full Name of Father,*	Abraham Scharowski
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return,	Friederike Henkes Midwife
Address,	2116 N Front St.
Remarks,	

8950002382

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the children born in each month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Girl.
2. *Race or Color, (if not of the white race)*	white.
3. *Date of Birth,*	15. April.
4. *Place of Birth, (Street and Number)*	N. 242. W. Pratt street.
5. *Full Name of Mother,*	Mary Schmidt.
6. *Mother's Maiden Name,*	Mary Wissinger.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Charles Schmidt.
9. *Father's Occupation*	Tailor.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	Mary E. Glass.
Address,	N. 1933. Fairmount. Ave.
Remarks,	

8750002383

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Kind

1. Sex, (state whether male or female) Knabe
2. Race or Color, (if not of the white race) ~~wte~~ white race
3. Date of Birth, 16 April 1895
4. Place of Birth, (Street and Number) 425 S. Bond st
5. Full Name of Mother, Jenj Flax
6. Mother's Maiden Name, Jenj Flax
7. Mother's Birthplace, Europa
8. Full Name of Father, Peddler
9. Father's Occupation, Europa
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Lina Handler

Address, 1113 E pratt st

Remarks, 1895000 2384

said schedule shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64738

GIVEN NAME ADDED 12/7/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Josephine Singleton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Dr

1. *Sex, (state whether male or female)* Female,
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 16 1895
4. *Place of Birth, (Street and Number)* 65-3. N. Barre. St.
5. *Full Name of Mother,* Mary E. Singleton,
6. *Mother's Maiden Name,* " " Slaven,
7. *Mother's Birthplace,* Balto. city. Md.
8. *Full Name of Father,* John. P. Singleton,
9. *Father's Occupation*
10. *Father's Birthplace,* Balto. city. Md.

Name of Medical Attendant, or other person who makes this Return, R. J. N. Talbott M.D.

Address, 524 Sharp St.

Remarks,

8 4 5 0 0 0 2 3 8 5

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* White Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 6 1895
4. *Place of Birth, (Street and Number)* 510 S Durham St
5. *Full Name of Mother,* Hattie Belt
6. *Mother's Maiden Name,* Hattie Whitman
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Joseph E Belt
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Thomas E Buggy

Address, 1903 Forest St

Remarks,

8 9 5 0 0 0 2 3 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the full name of each child, [illegible] month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 16th 1895
4. *Place of Birth, (Street and Number)* 307 N. Eutaw St
5. *Full Name of Mother,* Louisa G. Kelly
6. *Mother's Maiden Name,* Louisa G. Licutard
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Hubard C. Licutard
9. *Father's Occupation,* Pressman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, J. R. Ahler M.D. 1611 N. Fayette St.

Address,

Remarks,

8 9 5 0 0 0 2 3 8 7

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule, so far as the same can be ascertained, shall set forth the full name and place of birth; and the month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth (5)
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sixteenth of April
4. *Place of Birth, (Street and Number)*	#1608 N. Durham st
5. *Full Name of Mother,*	Gertrued. Elizabeth. Hiltz
6. *Mother's Maiden Name,*	do do Krouse
7. *Mother's Birthplace,*	Europe
8. *Full Name of Father,*	Christian. Hiltz
9. *Father's Occupation*	Forman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	
Address,	Mary Elias 1825 Hopkins Ave.
Remarks,	

1895000023888

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and year of birth, sex, color, the full name and occupation of its parents, and such other information as may be required by the practitioner in the form of a certificate between the first and been conferred) its sex, color, the full name and occupation of its parents, and such other information as may be required by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as to the same as to the name and occupation of its parents, the date and place of birth, and the been conferred; its sex, color, the full name and occupation of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Apr 16/95
4. *Place of Birth, (Street and Number)*	924 W Saratoga St
5. *Full Name of Mother,*	Julia Fisher.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Harry A. Arthur MD.
Address,	622 W Lombard
Remarks,	

1 8 9 5 0 0 0 2 3 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and such certificate shall state the sex, color, the full name and occupation of its parents, the date and place of birth of the child, whether the first and been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth of the child, whether the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 17 95
4. *Place of Birth, (Street and Number)* Madison Ave
5. *Full Name of Mother,* Martha Virginia Weckert
6. *Mother's Maiden Name,* Martha Virginia Forest
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Elick Andrew Weckert
9. *Father's Occupation* Upholsterer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J Reagan

Address, 2814 Fairmount Ave

Remarks,

8 9 5 0 0 0 2 3 9 0

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RETURN OF A BIRTH. 64744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	17th April
4. *Place of Birth, (Street and Number)*	651 Portland St
5. *Full Name of Mother,*	Anna Niedeman Pickert
6. *Mother's Maiden Name,*	Baltimore
7. *Mother's Birthplace,*	Gustav Niedeman
8. *Full Name of Father,*	Baker
9. *Father's Occupation*	Baltimore
10. *Father's Birthplace,*	Mrs Barge
Name of Medical Attendant, or other person who makes this Return,	711 N. Broadway
Address,	
Remarks,	

8 7 5 0 0 0 2 3 9 1

month, and shall set forth in the [illegible] and occupation of its parents, the date and place of birth, the full name and occupation of its parents, the date and place of birth, the full name and occupation of its parents, the date and place of birth, the full name

RETURN OF A BIRTH. 64745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	17 April
4. *Place of Birth, (Street and Number)*	1232 Hull St
5. *Full Name of Mother,*	Mrs Margaret Tadden Burns
6. *Mother's Maiden Name,*	Balto Md
7. *Mother's Birthplace,*	Anthony Tadden
8. *Full Name of Father,*	Laborer Balto Md
9. *Father's Occupation,*	Balto Md
10. *Father's Birthplace,*	Mrs Ann O Connor
Name of Medical Attendant, or other person who makes this Return,	1112 Hanburt St
Address,	
Remarks,	

8 Y 5 U 0 0 2 3 9 2

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Apl 17 1895
4. *Place of Birth, (Street and Number)*	720 N. Monroe St.
5. *Full Name of Mother,*	Catherine Teresa Daily
6. *Mother's Maiden Name,*	Johnston
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles James Daily
9. *Father's Occupation*	Sheet Iron Worker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	E. Norwood Mills
Address,	939 W. Fayette St
Remarks,	

8 9 5 0 0 0 2 3 9 3

...ith, and shall set forth as far as the same can be ascertained the date and place of birth and the ...month, and shall set forth as far as the same can be ascertained the date and place of birth and the ...of its parents, the full name and occupation of the first and ...sex, color, the full name and occupation of the first and ...been conferred; its sex, color, the full name and occupation of the first and ...delivered, duly signed by the practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...every month to the office of the Commissioner of Health. In case the birth of any child ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...of a physician or practitioner of midwifery, or should no other person be in ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...immediately thereafter it shall become the duty of the person or parents of such ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...Health, in the manner and within the period above required, and ...Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...hereafter fail to comply with the provisions of this section shall be sub- ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained by diligent inquiry, the date and place of birth; and the name, age, residence, color, and occupation of its parents, the date and place of birth; and the occupation of its parents, the date and place of birth; and the been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 April
4. *Place of Birth, (Street and Number)* Langaster. 1518
5. *Full Name of Mother,* Anna Leunon
6. *Mother's Maiden Name,* Fink
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* Joseph Leunon
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other person who makes this Return, M. Prell

Address, S. Bond str. 838

Remarks,

8 9 5 0 0 0 2 3 9 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17th of April
4. *Place of Birth, (Street and Number)* 1134 Madeira St
5. *Full Name of Mother,* Minnie Dickel
6. *Mother's Maiden Name,* Minnie Schneider
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Louis Fon F. Dickel
9. *Father's Occupation* Cabinet makers
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs Lange

Address, 1134 N. Eden st

Remarks,

8950002395

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	Colored.
3.	*Date of Birth,*	April 17, 1895
4.	*Place of Birth, (Street and Number)*	519 W. Hoffman st
5.	*Full Name of Mother,*	Sarah J. Woodland.
6.	*Mother's Maiden Name,*	" " Grooms
7.	*Mother's Birthplace,*	Balto City.
8.	*Full Name of Father,*	Thos. J. Woodland.
9.	*Father's Occupation,*	Waiter.
10.	*Father's Birthplace,*	St. Mary's Co., Md.
	Name of Medical Attendant, or other person who makes this Return,	O. Edward Janney M.D.
	Address,	837 N. Eutaw st
	Remarks,	

1895 00 2396

WM J. C. BULANY CO. CITY PRINTERS AND STATIONERS.

Name to be ascertained the full name of each child, if any shall have been given it; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Apr 18th
4. Place of Birth, (Street and Number) 803 David Hill Ave.
5. Full Name of Mother, Lilly M Holmes
6. Mother's Maiden Name, Lilly M Smith
7. Mother's Birthplace, Va
8. Full Name of Father, William H Holmes
9. Father's Occupation, Waiter
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, T H Galloway M D

Address, 318 E Lanvale St.

Remarks,

1895000 3397

Wm J C. Dulany Co., City Printers and Stationers.

Baltimore under whose charge or superintendence a birth s
birth shall hereafter take place, shall keep a true and cor
on blank schedule, to be furnished by the Commissione
births which have occurred under his or her care durin
be ascertained the full name of each child, if any shall
occupation of its parents, the date and place of birth; an
practitioner in the form of a certificate between the firs
of the Commissioner of Health. In case the birth of any
or practioner of midwifery, or should no other person
shall occur without the attendance of a physician or prac
attendance upon the mother, immediately thereafter it s
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offence, to be
register of such birth, and shall contain a list of the births
Health. This schedule shall contain as far as the same can be
month, and shall set forth as far as the same can be ascer
been conferred) its sex, color, the full name and occupatio
said schedule shall be delivered, duly signed by the practi
third day of each and every month to the office of the C
shall become the duty of the person or parents of
er it shall become the duty of the person or parents of
lth, in the manner and within the period above required.
to comply with the provisions of this section shall be
, to be recovered as other fines and forfeitures are recover

RETURN OF A BIRTH. 64755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18 April
4. *Place of Birth, (Street and Number)*	S. Bond str. 838
5. *Full Name of Mother,*	Marie Wunsik
6. *Mother's Maiden Name,*	~~Siskovsky~~ Siskovsky
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Majk Wunsik
9. *Father's Occupation*	Workman
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return,	Mr. Prell
Address,	S. Bond str. 838
Remarks,	

1 8 4 3 0 0 0 2 3 9 3

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Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 5th 1895
4. *Place of Birth, (Street and Number)* 2 de 3 Penn Alley
5. *Full Name of Mother,* Alice Masters
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* not acquired
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mrs Brown

Address,

Remarks,

8 9 5 0 0 0 2 3 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Col
3. *Date of Birth,*	19th April 1895
4. *Place of Birth, (Street and Number)*	1125 Clarkson St
5. *Full Name of Mother,*	Harriett Williams Dawson
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Benjamin Williams
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Margreth Shipp
Address,	127 Winter St Balto
Remarks,	

8 9 5 0 0 0 2 4 0 0

SECTION 7.—And be it further enacted, that the Mayor and City Council of Baltimore shall hereafter take place, shall keep a true and correct register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep at the said office a register of such births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 19th of April 1895
4. *Place of Birth, (Street and Number)* 115 N. Dallas St Balto City
5. *Full Name of Mother,* Mary Louisa Madison
6. *Mother's Maiden Name,* " " Nickens
7. *Mother's Birthplace,* Lancaster Co. Va.
8. *Full Name of Father,* William H. Madison
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Balto City Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Anna Wright

Address, 1518 N. Wolfe St

Remarks,

V 695 0002401

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	pt
1. *Sex, (state whether male or female)*	f
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 19 1905
4. *Place of Birth, (Street and Number)*	~~2006~~ 6 E. Balto St.
5. *Full Name of Mother,*	Estelle Calder
6. *Mother's Maiden Name,*	" Edwards
7. *Mother's Birthplace,*	Balto Co
8. *Full Name of Father,*	Jno C. Calder
9. *Father's Occupation*	Paper Hanger
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Wm J. Watson
Address,	1519 N. Broadway
Remarks,	

1 8 7 5 0 0 0 2 4 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore under a penalty of ten dollars for each offence, to be furnished by the Commissioner of Health, on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born April 19th 1895
4. *Place of Birth, (Street and Number)*	#2117 Ramsey St
5. *Full Name of Mother,*	Mrs. Rosie Bayer
6. *Mother's Maiden Name,*	Miss " Emidt
7. *Mother's Birthplace,*	Hessen Germany
8. *Full Name of Father,*	John Bayer
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Hessen Germany
Name of Medical Attendant, or other person who makes this Return.	Mor. Hiller
Address,	#2008 16th Henry St
Remarks,	

8950002403

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born April 19th 1895
4. *Place of Birth, (Street and Number)*	# 16. Prince St.
5. *Full Name of Mother,*	Mrs. Lena Volkert
6. *Mother's Maiden Name,*	Miss " Drexel
7. *Mother's Birthplace,*	Hessen Germany
8. *Full Name of Father,*	John Volkert
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Hessen Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hiller
Address,	# 2008 Mc Henry St
Remarks,	

1895 0002404

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

64762

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 17th 1895
4. *Place of Birth, (Street and Number)* 200 Greenwich Av.
5. *Full Name of Mother,* Anna Lipskey
6. *Mother's Maiden Name,* Backie Trecket
7. *Mother's Birthplace,* Russian
8. *Full Name of Father,* Edward Trecker
9. *Father's Occupation* Cigars maker
10. *Father's Birthplace,* Russian

Name of Medical Attendant, or other person who makes this Return, Clara Cahn

Address, 66 Market Space

Remarks,

'8950002405

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on the books of his office, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th & 13th

1. *Sex, (state whether male or female)* Males Harry Mrs Howard Ado. 7/16/20
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Friday April 19th
4. *Place of Birth, (Street and Number)* 1028 W. Cross St Balto Md
5. *Full Name of Mother,* Josephine Burgess
6. *Mother's Maiden Name,* " Schultz
7. *Mother's Birthplace,* Frederick City Md
8. *Full Name of Father,* David B. Burgess
9. *Father's Occupation* Glass Cutter
10. *Father's Birthplace,* Balto. County Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 1111 Cross St

Remarks,

8750002406

register of such births, and shall enter the same on a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore County, to be furnished by the Commissioner of Health, and shall enter the same on blank schedules, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the number in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 April 1895
4. *Place of Birth, (Street and Number)* S Bond St. 829
5. *Full Name of Mother,* Katie Jurek
6. *Mother's Maiden Name,* Kuzinak
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Frank Jurek
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, M. Predl

Address, S Bond St. 838

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Apr 19 / 95
4. *Place of Birth, (Street and Number)*	115 Winter St
5. *Full Name of Mother,*	Sarah Martin.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Harry H. Arthur MD 622 W Lombard St
Address,	
Remarks,	

0 7 3 0 0 0 2 4 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Apr 19 95
4. *Place of Birth, (Street and Number)* 1117 Harmony Lane
5. *Full Name of Mother,* Sarah Coleman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Harry H. Arthur M.D.

Address, 622 W Lombard St

Remarks,

0995000024009

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. te
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20th of April 95
4. *Place of Birth, (Street and Number)*	1719 W. Pratt St.
5. *Full Name of Mother,*	Valentine Thomas
6. *Mother's Maiden Name,*	Valentine Schaneke
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Thomas
9. *Father's Occupation*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Heuler Midwife
Address,	2116 W. Pratt St
Remarks,	

T 8950002410

Wm. J. C. Dulany Co,. City Printers and Stationers.

Rules. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

same on blank schedule, to be furnished by the Commissioner of
of the births which have occurred under his or her care during the
can be ascertained the full name of each child, (if any shall have
and occupation of its parents, the date and place of birth; and the
by the practitioner in the form of a certificate between the first and
fficee of the Commissioner of Health. In case the birth of any child
sician or practioner of midwifery, or should no other person be in
hereafter it shall become the duty of the person or parents of such
of Health, in the manner and within the period above required, and
er fail to comply with the provisions of this section shall be sub-
ffence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 20 April
4. *Place of Birth, (Street and Number)* 1433 Cooksie st.
5. *Full Name of Mother,* Hulda Mielke
6. *Mother's Maiden Name,* " Albrecht
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Herman Mielke
9. *Father's Occupation* Laboar
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Ruff. W. J. M.

Address, 1331 Hull st. Locust Point.

Remarks,

0750002411

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 th Child.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20 April 1895
4. *Place of Birth, (Street and Number)*	Linden Ave 1744.
5. *Full Name of Mother,*	Sophia Roesler
6. *Mother's Maiden Name,*	" Maciejski.
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Augustus Rodfoler
9. *Father's Occupation*	Laber
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Luigi Schiavino
Address,	E Fort ave 1742.
Remarks,	

1895 00002412

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. #4770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born April 20th 1895
4. *Place of Birth, (Street and Number)*	# 782 West Hamburg St
5. *Full Name of Mother,*	Mrs. Henreiette Stocker
6. *Mother's Maiden Name,*	Miss " Ruthig
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Jacob Stocker
9. *Father's Occupation*	Baker
10. *Father's Birthplace,*	Wirtenberg Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hiller
Address,	#2008 Mc Henry St
Remarks,	

T 0 9 5 0 0 0 2 4 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

births which have occurred under his or her care during the
Health. This schedule shall contain a list of the births
month, and shall set forth as far as the same can be ascer
been conferred) its sex, color, the full name and occupati
said schedule shall be delivered, duly signed by the practi
third day of each and every month to the office of the C
shall occur without the attendance of a physician or pra
attendance upon the mother, immediately thereafter it s
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to be

RETURN OF A BIRTH. 64771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 20 1895
4. *Place of Birth, (Street and Number)* Port st 102
5. *Full Name of Mother,* Sophia Vonak
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Joseph Vonak
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Koptis

Address, Washington 205

Remarks,

8950002414

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 7th 1895
4. *Place of Birth, (Street and Number)* Fairfield Ave near Lake Montebello
5. *Full Name of Mother,* Ida L Brandenstein
6. *Mother's Maiden Name,* Ida L Byer
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* August P. Brandenstein
9. *Father's Occupation,* Father
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. F. Dorsey M.D.

Address, Hardenville Balto Co

Remarks, 2nd

8950002415

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 64773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* aperile 20 1895
4. *Place of Birth, (Street and Number)* 244 Cedar aveune
5. *Full Name of Mother,* agnes Gay Williams
6. *Mother's Maiden Name,* Howard
7. *Mother's Birthplace,* Balt Co Md
8. *Full Name of Father,* John. W. Williams
9. *Father's Occupation* Car in spector
10. *Father's Birthplace,* Balt- Co Md

Name of Medical Attendant, or other person who makes this Return, Mary a Martin

Address, 2904 cedar aveune

Remarks,

8950002416

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of their marriage, and the maiden name of the mother. In case the practitioner in the first said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 64774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child Leroy Edwin Swain

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 20th 1895
4. Place of Birth, (Street and Number) 1138 N Stricker
5. Full Name of Mother, Mary ~~Hardy~~ Swain
6. Mother's Maiden Name, Purcell
7. Mother's Birthplace, Balto
8. Full Name of Father, Carlton Swain
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Chas E Sadler MD

Address,

Remarks,

8950002417

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same shall have been ascertained, the date and place of birth; and the name and occupation of its parents, the date and place of their marriage, if the same has been celebrated by the person required to make the return of the birth of such child, and if not, the date when the same will be celebrated. Every physician or other person who shall have been in attendance upon the mother, or who shall hereafter be in attendance upon the mother, immediately thereafter shall make out and deliver to the person required to report the birth of the child to report its birth to the Commissioner of Health, in the manner and within the period above specified, a certificate of the birth of such child, which certificate shall be in the form of the said schedule hereinbefore set forth, and shall be delivered, duly signed by the physician or other person in attendance, on the third day of each and every month to the office of the Commissioner of Health. Any physician or other person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 21 1895
4. *Place of Birth, (Street and Number)* 612 Baltimore Ind 6th St Between C
5. *Full Name of Mother,* Mary Powell
6. *Mother's Maiden Name,* Gordell
7. *Mother's Birthplace,* Baltimore Ind
8. *Full Name of Father,* Joseph Powell
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore Ind

Name of Medical Attendant, or other person who makes this Return, Dr Mary Fanning

Address, 417 S Stricker St Baltimore Md Ind

Remarks, Mother and child are doing well

B 9500024 18

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers

births which have occurred under his or her care during the
register of such births, and to make the same into a list of the births
Health. This schedule shall contain a list of the births
be ascertained the full name of each child, if any shall have
month, and shall set forth as far as the same can be ascer
been conferred) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practi
third day of each and every month to the office of the C
shall occur without the attendance of a physician or pra
attendance upon the mother, immediately thereafter it s
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to c
jected to the fine of ten (10) dollars for each offense, to be

RETURN OF A BIRTH 64776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 21 1895
4. *Place of Birth, (Street and Number)* #305. 29th St
5. *Full Name of Mother,* Josephine Reistetter
6. *Mother's Maiden Name,* Josephine James
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* George Reistetter
9. *Father's Occupation,* Machinest
10. *Father's Birthplace,* Baltimore County Md

Name of Medical Attendant, or other person who makes this Return. Thos A. Milliman M.D

Address, 1226 North Eden St Balto. Md.

Remarks,

8950002419

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED. 5-19-55

RETURN OF A BIRTH. 64779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Madeline Burgett

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 21 - 1895

4. Place of Birth, (Street and Number) #1012 Cross St

5. Full Name of Mother, Maggie Burns

6. Mother's Maiden Name, Magdalene Kenady

7. Mother's Birthplace, Baltimore

8. Full Name of Father, David Burns

9. Father's Occupation Stopper Grinder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Burgess

Address, 1012 Cross St.

Remarks,

V 8950002420

Health. This schedule shall contain a list of the births which have occurred since the ... month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 6-19-56

RETURN OF A BIRTH. 6r1778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louise Braun

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 April - 1895
4. Place of Birth, (Street and Number) Estern ave 1613
5. Full Name of Mother, Mrs Minna ~~Brown~~ Braun
6. Mother's Maiden Name, Minna Rehre
7. Mother's Birthplace, Germany
8. Full Name of Father, Braun, William ~~Broon~~
9. Father's Occupation Workman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, M. Prell

Address, S. L. Bond, 54. 838

Remarks, 1895 C 002421

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* 21 April

4. *Place of Birth, (Street and Number)* 1433 Pitcherson st.

5. *Full Name of Mother,* Emma Hufnagel

6. *Mother's Maiden Name,* " Büdiger

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Leonhard Hufnagel

9. *Father's Occupation* Laboar

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, L. Kelly, Mayor.

Address, 1331 Hull st

Remarks,

V 8 9 5 0 0 0 2 4 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

The births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	April 21/95
4. *Place of Birth, (Street and Number)*	38 N. Carlton
5. *Full Name of Mother,*	Anna Ella W. Puckerman
6. *Mother's Maiden Name,*	" Makoscha
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	August H. Puckerman
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Geo. L. McClain
Address,	E. N. Bay
Remarks,	

8950002423

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	April 21
4. *Place of Birth, (Street and Number)*	No 1705 Crystal Ave B'd.
5. *Full Name of Mother,*	Therese Störmer
6. *Mother's Maiden Name,*	Therese Aigner
7. *Mother's Birthplace,*	Grafenau Germany
8. *Full Name of Father,*	Friedrich Wm. Störmer
9. *Father's Occupation*	laborer
10. *Father's Birthplace,*	Osterode Germany
Name of Medical Attendant, or other person who makes this Return,	Miss. Elgas
Address,	1625 Hopkins Ave.
Remarks,	

1895000242 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. [illegible] set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-3-59

RETURN OF A BIRTH. 64782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Frederick ~~Baker~~ Baker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 21 18 1895
4. Place of Birth, (Street and Number) No 1131 Scott St
5. Full Name of Mother, Mrs Rieke Baker
6. Mother's Maiden Name, Miss Rieke Pleiss
7. Mother's Birthplace, Hanover Germany
8. Full Name of Father, Frederick John Baker
9. Father's Occupation Carpenter
10. Father's Birthplace, Long Island N.Y.

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 711 N. Grant St

Remarks,

V 8950002425

Health. The Return to be made as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the names of each child, (if any shall have been ascertained) the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 21 1895
4. *Place of Birth, (Street and Number)* Druid alley 420
5. *Full Name of Mother,* Tracey Novak
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Novak
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kaplis

Address, N Washington at 205

Remarks,

8950002426

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which shall have occurred within the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Geboren 21 April 195
4. *Place of Birth, (Street and Number)* Fell St. No 927
5. *Full Name of Mother,* Linne Barsah
6. *Mother's Maiden Name,* Lan Lon Winiesti
7. *Mother's Birthplace,* Lismen Poland
8. *Full Name of Father,* Frank Winiesti
9. *Father's Occupation* Poarland.
10. *Father's Birthplace,* Poland.

Name of Medical Attendant, or other person who makes this Return Agnes Stadtlad

Address, Thames St N 1635

Remarks, Lynch

B 9 5 0 0 0 2 4 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 21st 95-
4. *Place of Birth, (Street and Number)*	1340 Brentwood Ave
5. *Full Name of Mother,*	Mrs. Adelaide Sipes
6. *Mother's Maiden Name,*	" Dennis
7. *Mother's Birthplace,*	Washington D C
8. *Full Name of Father,*	Victor L. Sipes
9. *Father's Occupation*	Printer
10. *Father's Birthplace,*	Washington D C
Name of Medical Attendant, or other person who makes this Return,	T C Worthington
Address,	840 W. Fayette St
Remarks,	

T 8 9 5 0 0 0 2 4 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 22. 95
4. Place of Birth, (Street and Number) 220 Montford ave
5. Full Name of Mother, Amelia ~~Hawkins~~ Jones
6. Mother's Maiden Name, " Jackson
7. Mother's Birthplace, Dorchester Co
8. Full Name of Father, James Wesley Jones
9. Father's Occupation, Rag dealer
10. Father's Birthplace, Dorchester Co

Name of Medical Attendant, or other person who makes this Return, Jno. A. Pickel

Address, 1312 Ashland ave

Remarks,

0750002429

month, and shall set forth as far as the same can be ascertained the full name, color, sex, date and place of birth, and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	22 April
4. *Place of Birth, (Street and Number)*	130 E. Washington st
5. *Full Name of Mother,*	Minnie Fresser
6. *Mother's Maiden Name,*	Minnie Nutall
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Charles H Fresser
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pertney
Address,	241 E. Chester st
Remarks,	

T 0 9 5 0 0 0 2 4 3 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner hereafter directed, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the [illegible] the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64 788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Second (2d).

1. *Sex,* (*state whether* ~~male~~ *or female*) Female.
2. ~~*Race or*~~ *Color,* (*if not of the white race*) White.
3. *Date of Birth,* April 22d. 1895.
4. *Place of Birth,* (*Street and Number*) #726 Colvin Place.
5. *Full Name of Mother,* Mary Gertrude McCaffrey.
6. *Mother's Maiden Name,* Mary Gertrude Lynch.
7. *Mother's Birthplace,* Baltimore City Md.
8. *Full Name of Father,* James McCaffrey.
9. *Father's Occupation,* Clerk —
10. *Father's Birthplace,* Ireland.

Name of Medical Attendant, or other person who makes this Return. John H. Cowan MD

Address, 1014 E. North Ave

Remarks,

1895000 2431

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 64789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born April 22nd 1895
4. *Place of Birth, (Street and Number)*	# 20. Franklin, Road
5. *Full Name of Mother,*	Mrs. Caroline, Kroeger
6. *Mother's Maiden Name,*	Miss. " Sommerfeld
7. *Mother's Birthplace,*	Bayern Germany
8. *Full Name of Father,*	William, Kroeger
9. *Father's Occupation*	Farmer
10. *Father's Birthplace,*	Bayern Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hiller
Address,	# 2008 N. Henry St
Remarks,	

8950002432

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race),* White
3. *Date of Birth,* April 2d 1895
4. *Place of Birth, (Street and Number)* E Monument st 2040
5. *Full Name of Mother,* Mary Hefnerver
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Gorgon Hefnerver
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Martin

Address, S Washington st 205

Remarks,

1895000243 3

Wm. J. C. Dulany Co., City Printers and Stationers.

The Law requires that the full name of each child, (if any shall have been ascertained the full name of each child, (if any shall have been ascertained as far as the same can be ascertained) the sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 2-13-59

RETURN OF A BIRTH. 64991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Henrietta Bertha Kretschmer 3rd Child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22 of April 1895
4. *Place of Birth, (Street and Number)* Bor. McElderry - Bethel Sts
5. *Full Name of Mother,* Dina ~~Kretschmer~~ Kretschmer
6. *Mother's Maiden Name,* Clemens
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Max ~~Kretschmer~~ Kretschmer
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L Gross

Address, 1907 E Monument St

Remarks,

18950002434

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Children

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Durham 1611
4. *Place of Birth, (Street and Number)* April 22.
5. *Full Name of Mother,* Anna Duchan
6. *Mother's Maiden Name,* Anna Vojtisek
7. *Mother's Birthplace,* Adamov Bohemian
8. *Full Name of Father,* Anton Ducher
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Rixina Bohemian

Name of Medical Attendant, or other person who makes this Return.

Address, Mary Elias 1625 Aisquith

Remarks,

1 8 9 5 0 0 0 2 4 3 5

month, and shall set forth as to the child the full name and occupation of its parents, the date and place of birth; and the name (if any conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents, of such attendance upon the mother, immediately thereafter it shall be the duty of the midwife to report in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

NAME CHANGED BY COURT ORDER 1-26-59 64793

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Philip~~ Philip August Phillips 5th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, (August 22nd 1895)
4. Place of Birth, (Street and Number) Georgetown Belair road
5. Full Name of Mother, Kate Schmuck
6. Mother's Maiden Name, Kate Kalb
7. Mother's Birthplace, Germany
8. Full Name of Father, August P. Schmuck
9. Father's Occupation, Driver of beer wagon
10. Father's Birthplace, Penna

Name of Medical Attendant, or other person who makes this Return, Wm D. Cornell MD

Address, Parkville Md

Remarks, 1895 0002436

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

64794

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	III
1. *Sex, (state whether male or female)*	Female (Twin)
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Apr. 22/94.
4. *Place of Birth, (Street and Number)*	70 S Dover St
5. *Full Name of Mother,*	Mary Gross.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Harry A. Arthur M.D.
Address,	622 W Lombard St
Remarks,	

8950002437

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64794 2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	II (Twin)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Apr 22/95
4. *Place of Birth, (Street and Number)*	708 Dover St
5. *Full Name of Mother,*	Mary Gross
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Harry A. Arthur MD
Address,	622 W Lombard St
Remarks,	

, 8950002438

Wm. J. C. Dulany Co., City Printers and Stationers.

The Schedule shall contain the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the first and

RETURN OF A BIRTH. 64795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apr. 22/95

4. Place of Birth, (Street and Number) Free Lying-in Hospital & Maternal

5. Full Name of Mother, Irene Taylor.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Harry N. Arthur M.D. Dr Reede Phys

Address,

Remarks.

1895 0002439

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) "One Child"

1. Sex, (state whether male or female) "Male"
2. Race or Color, (if not of the white race) "White"
3. Date of Birth, Tuesday April 23rd 1895
4. Place of Birth, (Street and Number) No 527 South Bond Street
5. Full Name of Mother, Georgianna E Hayes
6. Mother's Maiden Name, Georgianna E. Green
7. Mother's Birthplace, Baltimore City Md.
8. Full Name of Father, Edgar W. Hayes
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1895 0002440

Wm. J. C. Dulany Co., City Printers and Stationers.

births which have occurred under his or her care during the
Health, and shall set forth as far as the same can be ascer
month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 23. April.
4. Place of Birth, (Street and Number) N. 118. Bethelstreet
5. Full Name of Mother, Anny Engers.
6. Mother's Maiden Name, Anny Gier.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Charles, Engers.
9. Father's Occupation Tailor.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Henry Klotz.

Address, N. 1933. Fairmount, st.

Remarks,

8950002441

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 3-4-59

RETURN OF A BIRTH. 64788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Lillian Fontz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 23th 1895
4. Place of Birth, (Street and Number) No 1126 Peach alley
5. Full Name of Mother, Lizzie Fontz
6. Mother's Maiden Name, Lizzie Michaels
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Fontz
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Catherine Hornung

Address, No 1517 Byrd St

Remarks,

' 8 9 5 0 0 0 2 4 4 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23 d of April 95
4. *Place of Birth, (Street and Number)*	1821 W Lombard St
5. *Full Name of Mother,*	Mary Bedford
6. *Mother's Maiden Name,*	Mary Kalin
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wiliam Bedford
9. *Father's Occupation*	Printer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Heuber Midwife
Address,	2116 W. Pratt St.
Remarks,	

' 6 9 5 0 0 0 2 4 4 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and the sex, color, the full name and occupation of its parents, the date and place of birth and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 648004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 April 6
4. *Place of Birth, (Street and Number)* 24 W Cross St
5. *Full Name of Mother,* Magie Wagner
6. *Mother's Maiden Name,* Hess
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Wagner
9. *Father's Occupation,* Conductor Mer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E A Brades

Address, 823 Light St

Remarks, Long Wall

1 8 9 5 0 0 0 2 4 4 4

been conferred) its sex; color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1—

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 23d 1895
4. Place of Birth, (Street and Number) 17 N. Milton ave
5. Full Name of Mother, Mary E. ~~Rohde~~ Thornton
6. Mother's Maiden Name, " " Roche
7. Mother's Birthplace, City
8. Full Name of Father, Jno. A. B. Thornton
9. Father's Occupation, Printer
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, P. G. Dauschman

Address, 1731 E. Balto st.

Remarks,

8950002445

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Tuesday. April. 23. 1895

4. *Place of Birth, (Street and Number)* Baltimore Md. 326. Stockholm st

5. *Full Name of Mother,* Sarah. Taylor

6. *Mother's Maiden Name,* Sarah. Mc. Sheldin

7. *Mother's Birthplace,* Baltimore. Md.

8. *Full Name of Father,* Jozebh Taylor.

9. *Father's Occupation* Glass. Blower.

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 N Broadway

Remarks,

T 6 9 5 0 0 0 2 4 4 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 64813

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 23rd 1895

4. *Place of Birth, (Street and Number)* # 1118 W. Lexington st

5. *Full Name of Mother,* Lottie Stevens

6. *Mother's Maiden Name,* Lottie Hof

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* James H. Stevens

9. *Father's Occupation,* Conductor

10. *Father's Birthplace,* Dorchester Co.

Name of Medical Attendant, or other Person who makes this Return. P. V. Benson M. D.

Address, # 1047 Hollins st

Remarks,

1895 00 02447

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. 64804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 23 April 1895

4. *Place of Birth, (Street and Number)* 20 N. Wahaga st

5. *Full Name of Mother,* Mary Margaret

6. *Mother's Maiden Name,* " Fischer

7. *Mother's Birthplace,* [illegible]

8. *Full Name of Father,* Prince Ernest

9. *Father's Occupation,* Iron Molder

10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Mrs E L Lewis

Address, 525 Light St

Remarks, Doing Well

B 9 5 0 0 0 2 4 4 8

Wm J C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, if any shall have
cupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
ne Commissioner of Health. In case the birth of any child
r practitioner of midwifery, or should no other person be in
er it shall become the duty of the person or parents of such
lth, in the manner and within the period above required, and
l to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained
been conferred) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 64805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, April 23. 1895
4. Place of Birth, (Street and Number) 809 - N. Fremont Avenue
5. Full Name of Mother, Mrs. Virginia Lee Dwoskin
6. Mother's Maiden Name, Miss Virginia Lee Dare
7. Mother's Birthplace, Calvert Co. Maryland
8. Full Name of Father, Mr. Henry Dwoskin
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore, Maryland

Name of Medical Attendant, or other person who makes this Return, Alva L. Horton M.D.

Address, 1235 - W - Lafayette Avenue

Remarks, 1895 0002449

...ation of its parents, the date and place of birth, and the ... been conferred its sex, color, the full name and occupation ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 64806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Forest Lane near Harford Road
4. Place of Birth, (Street and Number) April 23. 1895
5. Full Name of Mother, Barbara Seitz / Barbara Papp
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Michael Seitz
9. Father's Occupation, Laborer in brewery
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, W. D. Corse M.D

Address,

Remarks,

1895 0002450

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

...shall state as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 23 1825
4. *Place of Birth, (Street and Number)* Chapple at 519
5. *Full Name of Mother,* Mary Peter
6. *Mother's Maiden Name,* Bohaimer
7. *Mother's Birthplace,* Charles Peter
8. *Full Name of Father,* Lobor
9. *Father's Occupation* Bohaimer
10. *Father's Birthplace,* Mary Peter

Name of Medical Attendant, or other person who makes this Return. A Washington Nickel

Address,

Remarks, 8950002451

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	24 May
4. *Place of Birth, (Street and Number)*	#2500 Fayette E.
5. *Full Name of Mother,*	Mary Rafon
6. *Mother's Maiden Name,*	Mary King
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Fredrick Rafon
9. *Father's Occupation*	Insurance Collector
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary A. Partner
Address,	241 S. Chester St
Remarks,	

1895 0002452

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

of its parents, the date and place of birth; and the
oner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its

RETURN OF A BIRTH. 64809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 27 - 1895
4. *Place of Birth, (Street and Number)*	# 1163 Cleveland st
5. *Full Name of Mother,*	Lizzie Carrie Groener
6. *Mother's Maiden Name,*	" Carrie Neubert
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Henry August Groener
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Dr. A. Deems
Address,	776 Hamburg st
Remarks,	8950002453

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 64810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Deventte Schuld

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 04 1895
4. *Place of Birth, (Street and Number)* Baltimore Md 428 Stricker St
5. *Full Name of Mother,* Mary V Bish
6. *Mother's Maiden Name,* Mentter
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John W Bish
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Krasinca

Address, 414 S Stricker St Baltimore Md

Remarks, Mother and Child are doing well

1895000 2454

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-16-58

RETURN OF A BIRTH. 64811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Doris Mary Shaab 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 24th 1895
4. Place of Birth, (Street and Number) 1823 W. Baltimore St
5. Full Name of Mother, Florence Mary Shaab
6. Mother's Maiden Name, " " Hoffman
7. Mother's Birthplace, City
8. Full Name of Father, Joseph A. Shaab
9. Father's Occupation, Butcher
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Wm. H. Sellman M.D.

Address, 5. E. Biddle St

Remarks,

8950002455

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 64812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 6

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, April 24
4. Place of Birth, (Street and Number) 1438 N Broadway
5. Full Name of Mother, Ellen Galvin
6. Mother's Maiden Name, " Keough
7. Mother's Birthplace, Md
8. Full Name of Father, Wm Galvin
9. Father's Occupation Book keeper
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, A Craig Hartzler M.D

Address, 20 N Bueton St

Remarks,

8 9 5 0 0 0 2 4 5 6

month, and shall set forth as to the same can be ascertained the date and place of birth; and the been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

64813

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 24th 1895
4. *Place of Birth, (Street and Number)* 338 E Hamburg St Avenue
5. *Full Name of Mother,* Charlotte Frances Hines
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* New York State
8. *Full Name of Father,* Augustus Webster Hines
9. *Father's Occupation,* Pullman Car Conductor
10. *Father's Birthplace,* Carroll Co Ind

Name of Medical Attendant, or other person who makes this Return, Frank R Smith

Address, 4 W. Read Street.

Remarks, Mother and child doing well.

· 8950002457

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 64814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female Rita Vogel
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 24 1895
4. Place of Birth, (Street and Number)	535 Laurens St
5. Full Name of Mother,	Dora Vogel
6. Mother's Maiden Name,	Dora Bloomenthal
7. Mother's Birthplace,	New York City
8. Full Name of Father,	Henry Vogel
9. Father's Occupation,	Merchant
10. Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return,	J. Wesley Gibbs
Address,	5 W Chase St
Remarks,	Dedious instrumental

1895 00 02458

Wm J C. Dulany Co., City Printers and Stationers.

Every birth occurring in the State of Maryland shall be reported, within ten days after occurrence, on the form of a certificate adopted by the State Board of Health, and said certificate shall be filled out and delivered, duly signed by the practitioner in the case, or by the midwife in attendance, or by the father or mother of the child, or householder, to the Registrar of the district in which the birth occurs. In case the birth of any child shall occur without the attendance of a physician or midwife, the said schedule shall be delivered, duly signed by the parent or householder, to the Registrar of the district, within ten days after the occurrence of such birth. The Registrar shall furnish blank certificates to any person applying therefor, and shall keep a record of the same in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitio
third day of each and every month to the office of the Co
shall occur without the attendance of a physician or practi
attendance upon the mother, immediately thereafter it sha
child to report its birth to the Commissioner of Health, in th
any such person or persons who shall hereafter fail to comp
jected to the fine of ten (10) dollars for each offence, to be re

the Commissioner of Health. In case the birth of any child
r practioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
h, in the manner and within the period above required, and
o comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 24 '95
4. *Place of Birth, (Street and Number)* 1410 E. Madison St
5. *Full Name of Mother,* Annie Hartdegen
6. *Mother's Maiden Name,* Hannecke
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Charles Hartdegen
9. *Father's Occupation* Upholsterer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Barbara Miller

Address, 1620 Walbrook St

Remarks,

1 8 9 5 0 0 0 2 4 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-26-6

64816

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Lizetta Bertha Ries

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 24th, 1895
4. Place of Birth, (Street and Number) No 393 S. Fremont Ave.,
5. Full Name of Mother, Barbara Ries
6. Mother's Maiden Name, Roesser,
7. Mother's Birthplace, Balto. City
8. Full Name of Father, John Ries
9. Father's Occupation, Machinist
10. Father's Birthplace, Balto Cty

Name of Medical Attendant, or other person who makes this Return, Mitchell Jardine M.D.

Address, No 721 Columbia Ave.

Remarks,

18950002460

said schedule shall be delivered, duly signed by the physician or midwife, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 d.

1. *Sex, (state whether male or female)* Franklin Pierce Grey
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 24 / 7. 30. A. M.
4. *Place of Birth, (Street and Number)* 401 Sanders Great. S. Balto.
5. *Full Name of Mother,* Mary Louise Gray. Grey
6. *Mother's Maiden Name,* Loomis
7. *Mother's Birthplace,* Rock Hall, Kent Co. Md.
8. *Full Name of Father,* John Phillip Grey
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kane / for Md

Address, Mother Relief Society / 901. Milton Place

Remarks,

6950002461

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter mentioned, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 64818 a

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 24 M. 95.
4. *Place of Birth, (Street and Number)* 219 S. Stricker St.
5. *Full Name of Mother,* Hannah E. Davis
6. *Mother's Maiden Name,* Hannah E. Thompson
7. *Mother's Birthplace,* Howard Co. Md.
8. *Full Name of Father,* John F. Davis
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Howard Co. Md.

Name of Medical Attendant, or other person who makes this Return. Henry C. Dale. M.D.

Address, 1713 W. Fayette St

Remarks, 8950002462

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 64819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 24th
4. Place of Birth, (Street and Number) Hanover St. # 1703.
5. Full Name of Mother, Mrs. Elmer Lewies Braun.
6. Mother's Maiden Name, Miss Elmer Lewies Schlosman.
7. Mother's Birthplace, Baltimore City. Md.
8. Full Name of Father, Mr. John F. P. Braun.
9. Father's Occupation, Soldier.
10. Father's Birthplace, Baltimore City. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Addie M. Gaeler.

Address, #1703. Hanover St.

Remarks, None.

8 9 5 0 0 0 2 4 6 3

mouth, and shall set forth as far as practicable the name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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been conferred) its sex, color, the full name and occupation of the father, the full name and maiden name of the mother, the birthplace of each parent, the name and address of the physician or practitioner in attendance upon the mother, and the date of birth of the child, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in attendance of a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 24 - 1895.
4. *Place of Birth, (Street and Number)*	1023 N. Gilmor St.
5. *Full Name of Mother,*	Ida B. White.
6. *Mother's Maiden Name,*	" " Blackiston.
7. *Mother's Birthplace,*	Balto. City.
8. *Full Name of Father,*	Milton White.
9. *Father's Occupation*	Salesman -
10. *Father's Birthplace,*	Montgomery Co. Md.
Name of Medical Attendant, or other person who makes this Return,	R. J. D. Tall. M.D.
Address,	524 Sharp St.
Remarks,	

8 9 5 0 0 0 2 4 6 4

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred) its sex, color, the full name and occupation of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 24th, 1895
4. *Place of Birth, (Street and Number)* 1504 Fulton Avenue
5. *Full Name of Mother,* Addie Browning
6. *Mother's Maiden Name,* Harris
7. *Mother's Birthplace,* Dayton, Ohio
8. *Full Name of Father,* Ralph Browning
9. *Father's Occupation* Medical Student
10. *Father's Birthplace,* Griswold, Connecticut

Name of Medical Attendant, or other person who makes this Return, Walton Bolgiano M.D.

Address, 2020 N. Charles St.

Remarks,

0950002465

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 64852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 April 1895
4. *Place of Birth, (Street and Number)* Park St., 1203
5. *Full Name of Mother,* Rosa Lichtas
6. *Mother's Maiden Name,* Schmirgrass
7. *Mother's Birthplace,* Austria
8. *Full Name of Father,* Gustav Lichtas
9. *Father's Occupation* Bohemian Maker
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 22 N Payne [illegible]

Remarks, 0 9 5 0 0 0 2 4 6 6

been conferred, its sex, color, the full name and residence of the parents, and the name of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner or other person in attendance, and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of mid wifery, or of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 24 of April 1895
4. Place of Birth, (Street and Number) 210 S. High St
5. Full Name of Mother, Amy Minner
6. Mother's Maiden Name, Amy Minner
7. Mother's Birthplace, Lange State Pollen
8. Full Name of Father, Max Minner
9. Father's Occupation, Tailor
10. Father's Birthplace, Ostrelenko Lange Stat Pollen

Name of Medical Attendant, or other person who makes this Return, Flinder M.D.

Address, 143 n. Front St

Remarks, 6 9 5 0 0 0 2 4 6 7

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* 24 April.
4. *Place of Birth, (Street and Number)* 225 Pare st.
5. *Full Name of Mother,* Ludwik Siminska
6. *Mother's Maiden Name,* Falkofska
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Siminski
9. *Father's Occupation* Saloon
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Wm. F. Lebrenann

Address, 1225 Pare

Remarks,

B 7 5 0 0 0 2 4 6 8

been conferred, its sex, color, the full name and occupation of its parents, the time and place of birth, and such other information as may be required by the Commissioner of Health, in the form of a certificate between the first and practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64825-4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 24. April

4. *Place of Birth, (Street and Number)* 1230 Pare st.

5. *Full Name of Mother,* Margaret Winets-ka

6. *Mother's Maiden Name,* Zajeschak

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Joseph Witeczki

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm F Siedsemann

Address, 1225 Pere st.

Remarks,

E 7 5 0 0 0 2 4 6 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Children.
1. *Sex, (state whether male or female)*	Boy.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 24. 4. O Clock in Morning.
4. *Place of Birth, (Street and Number)*	Dungan Pl 1808.
5. *Full Name of Mother,*	Mery Schultze.
6. *Mother's Maiden Name,*	Mery Rose.
7. *Mother's Birthplace,*	Blumberg b. Schieder Germany
8. *Full Name of Father,*	Friedrich Schultz.
9. *Father's Occupation*	Schirt Arnder.
10. *Father's Birthplace,*	Helthausen b. Pyrmont. Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Ellias
Address,	Hopkins Ave
Remarks,	Mid Wife.
	Hopkins Ave 1625.

F 8 7 5 0 0 0 2 4 7 0

said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 24/95
4. *Place of Birth, (Street and Number)* Maternite Hospital, 1150 Lombard St
5. *Full Name of Mother;* Maggie Baumschult
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Unknown
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return. Alfred J. Gunay M.D.

Address, 1150 W Lombard St.

Remarks,

0 0 5 0 0 0 2 4 7 1

Said selectmen shall, etc. [illegible] the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

KODAK SAFETY FILM

RETURN OF A BIRTH 64828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edith Eleanor Campbell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, Apr 25 95
4. Place of Birth, (Street and Number) 914 N Eden St
5. Full Name of Mother, Bertha May Campbell
6. Mother's Maiden Name, Street
7. Mother's Birthplace, Harford Co Md
8. Full Name of Father, George Clarence Campbell
9. Father's Occupation, Laborer
10. Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other person who makes this Return. R. G. Davis M.D.

Address, 1507 N Caroline St

Remarks, GIVEN NAME ADDED. 6-2-5½

67500021472

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month, and shall set forth the full name and occupation of its parents, the date and place of birth, sex, color, the full name and occupation of the first and been conferred) its sex, color, the full name and occupation of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 25, 95
4. *Place of Birth, (Street and Number)* 205 Milton Place
5. *Full Name of Mother,* Maggie Haagan Strickler
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Conrad Haagan
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1606 Walbert St

Remarks,

1895 0002473

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the p... of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the C... or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or pra... er it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it s... lth, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in... to comply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to com... jected to the fine of ten (10) dollars for each offence, to be ... to be recovered as other fines and forfeitures are recoverable.

er in the form of a certificate between the first and
missioner of Health. In case the birth of any child
uer of midwifery, or should no other person be in
become the duty of the person or parents of such
manner and within the period above required, and
with the provisions of this section shall be sub-
vered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	April 25th 1895
4. *Place of Birth, (Street and Number)*	1303 First ave
5. *Full Name of Mother,*	Catherine E. Weisel
6. *Mother's Maiden Name,*	Catherine E. Reuter
7. *Mother's Birthplace,*	B. C.
8. *Full Name of Father,*	Michael H. Weisel
9. *Father's Occupation*	Potter
10. *Father's Birthplace,*	B. C.
Name of Medical Attendant, or other person who makes this Return,	Geo L. Williams
Address,	6 N. Broadway
Remarks,	

8950002474

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 64831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 25th 95
4. *Place of Birth, (Street and Number)* Balto. M.D. 1234 Fell corner st
5. *Full Name of Mother,* Mary Harden -
6. *Mother's Maiden Name,* Mary, Adams -
7. *Mother's Birthplace,* Balto Maryland -
8. *Full Name of Father,* Charles. Harden -
9. *Father's Occupation,* Wagon Driver
10. *Father's Birthplace,* Balto Maryland

Name of Medical Attendant, or other person who makes this Return, Dr William E. Harris

Address, 416 Jefferson St Mary E Stuart 1132 E Lexington St -

Remarks, All Satisfaction Granted

' 8 9 5 0 0 0 2 4 7 5

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 64832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col
3. Date of Birth, April 25th 1895
4. Place of Birth, (Street and Number) ✕ 1135 Denver St
5. Full Name of Mother, Fathine ~~Noden~~ Gross
6. Mother's Maiden Name, Noden
7. Mother's Birthplace, Charles County Md
8. Full Name of Father, William Gross
9. Father's Occupation Driver
10. Father's Birthplace, Charles County Md

Name of Medical Attendant, or other person who makes this Return, Margreth Sprigg

Address, 127 Water St Balto. Md

Remarks, 1895 0002476

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 25th 1895
4. *Place of Birth, (Street and Number)* 896½ W Baltimore st
5. *Full Name of Mother,* Barbara Battiger
6. *Mother's Maiden Name,* Barbara Buttner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George W Battiger
9. *Father's Occupation* Shoe maker
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Susan Hanton

Address, 23 N. Payson st

Remarks, 5950002477

shall occur without the attendance of a physician, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the midwife to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64 834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 25/95
4. *Place of Birth, (Street and Number)* 1809 Lancaster St
5. *Full Name of Mother,* Mary Sadler
6. *Mother's Maiden Name,* Mary Blamm
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Sadler
9. *Father's Occupation* Can Maker
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Mary E. Pascoe

Address, 1903 Lombard St

Remarks,

0 9 5 0 0 0 2 4 7 8

Every birth occurring within the limits of Baltimore City shall be reported to the Commissioner of Health. In case the birth of any child should occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and said schedule shall be delivered, duly signed by the parent or parents, to the office of the Commissioner of Health, or to the person who shall call for the same, and every month thereafter it shall be the duty of each and every such person to call at the office of the Commissioner of Health, or to the person who shall call for the same, and deliver a schedule of births, signed as aforesaid, which shall occur in the month next preceding the third day of each and every month to the office of the Commissioner of Health, or to the person who shall call for the same, and every month thereafter it shall be the duty of each and every such person to call at the office of the Commissioner of Health, or to the person who shall call for the same, and deliver a schedule of births, signed as aforesaid, which shall occur in the month next preceding the third day of each and every month to the office of the Commissioner of Health, or to the person who shall call for the same, and deliver a schedule of births, signed as aforesaid, which shall occur in the month next preceding the third day of each and every month to the office of the Commissioner of Health, or to the person who shall call for the same, and deliver a schedule of births, signed as aforesaid, which shall occur in the month next preceding the third day of each and every month to the office of the Commissioner of Health, or to the person who shall call for the same, and deliver a schedule of births, signed as aforesaid, which shall occur in the month next preceding the third day of each and every month to the office of the Commissioner of Health, or to the person who shall call for the same, and deliver a schedule of births, signed as aforesaid, which shall occur in the month next preceding the third day of each and every month to the office of the Commissioner of Health, or to the person who shall call for the same, and deliver a schedule of births, signed as aforesaid, which shall occur in the month next preceding the third day of each and every month to the office of the Commissioner of Health, or to the person who shall call for the same, and deliver a schedule of births, signed as aforesaid, which shall occur in the month next preceding the third day of each and every month to the office of the Commissioner of Health, or to the person who shall call for the same, and deliver a schedule of births, signed as aforesaid, which shall occur in the month next preceding the third day of each and every month to the office of the Commissioner of Health, or to the person who shall call for the same, and deliver a schedule of births, signed as aforesaid, which shall occur in the month next preceding the third day of each and every month to the office of the Commissioner of Health, or to the person who shall call for the same, and deliver a schedule of births, signed as aforesaid, which shall occur in the month next preceding the third day of each and every month to the office of the Commissioner of Health, or to the person who shall call for the same, and deliver a schedule of births, signed as aforesaid, which shall occur in the month next preceding the third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and said schedule shall be delivered, duly signed by the parent or parents, to the office of the Commissioner of Health, or to the person who shall call for the same, and every month thereafter it shall be the duty of each and every such person to call at the office of the Commissioner of Health, or to the person who shall call for the same, and deliver a schedule of births, signed as aforesaid, which shall occur in the month next preceding the third day of each and every month to the office of the Commissioner of Health, or to the person who shall call for the same, and every month thereafter it shall be the duty of each and every such person to call at the office of the Commissioner of Health, or to the person who shall call for the same, and deliver a schedule of births, signed as aforesaid, which shall occur in the month next preceding the third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 64835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 4th 25 1895 est
4. Place of Birth, (Street and Number) hamburg st 34
5. Full Name of Mother, annie tucker
6. Mother's Maiden Name, annie eller
7. Mother's Birthplace, baltimoer
8. Full Name of Father, harry l tucker
9. Father's Occupation, laboring
10. Father's Birthplace, baltimoer

Name of Medical Attendant, or other person who makes this Return, Talbott & Co Eastern shoe

Address, 34 est 1 mo Margaret A Lambert

Remarks, hamburg st the cm baby in good health

18950002479

said scheme shall be delivered with the certificate of the birth of any child to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been registered its sex, color, the full name and occupation of the parents, the date and place of birth, and the name and address of the physician or practitioner in the form of a certificate between the first and fifth days of the month following the birth. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 5th & 6th Child

1. *Sex*, (*state whether male or female*) Males

2. *Race or Color*, (*if not of the white race*) Colored

3. *Date of Birth*, 23 d March

4. *Place of Birth*, (*Street and Number*) 12 34 Eastwind Ave

5. *Full Name of Mother*, Sylvia Robinson

6. *Mother's Maiden Name*, Madden

7. *Mother's Birthplace*, Baltimore

8. *Full Name of Father*, James E Robinson

9. *Father's Occupation* Porter

10. *Father's Birthplace*, Tennessee

Name of Medical Attendant, or other person who makes this Return, Dr E Howard Hall

Address, 1210 Monument St

Remarks, 8950002480

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 25
4. Place of Birth, (Street and Number) 602 Hamburg st
5. Full Name of Mother, Bertha Gerecke
6. Mother's Maiden Name, Bauer
7. Mother's Birthplace, Germany
8. Full Name of Father, Frederick Louis Gerecke
9. Father's Occupation Cabinet Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N Chapel

Remarks,

8750002481

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, [illegible] to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 Sept 1895
4. Place of Birth, (Street and Number) 210 Conway St
5. Full Name of Mother, Cecelia E Wirth
6. Mother's Maiden Name, Jarvis
7. Mother's Birthplace, Cecil Co Md
8. Full Name of Father, William C Wirth
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm A C Brooks

Address, 1228 Balto St

Remarks, City Well

8950002482

Wm J C. Dulany Co., City Printers and Stationers.

been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, the first and practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practi- third day of each and every month to the office of the Com- the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or prac- or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in ter it shall, in the manner and within the period above required, and any such person or persons who shall hereafter fail to com- ail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be to be recovered as other fines and forfeitures are recoverable.

been conferred, its sex, color, the full name and occupation of its parents, the time of birth, the time between the first and
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 April 1895
4. *Place of Birth, (Street and Number)* 830 West Pratt St
5. *Full Name of Mother,* Cate Lerrigan
6. *Mother's Maiden Name,* Donovan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* W. P Lerrigan
9. *Father's Occupation* Boilermaker
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 93 N Payson St

Remarks, 1895000243 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25 April
4. *Place of Birth, (Street and Number)* 1132 Pine St
5. *Full Name of Mother,* Hannah Frank
6. *Mother's Maiden Name,* Lehman
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Joseph Frank
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs R Ullrey

Address, 1302 Eden St

Remarks,

0795000 2484

said schedule shall be delivered, duly signed by the physician or midwife in attendance upon the birth, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the physician or midwife in attendance, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64 841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25 April
4. *Place of Birth, (Street and Number)* 528 N Central ave
5. *Full Name of Mother,* Annie Lavin
6. *Mother's Maiden Name,* Bolofsky
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Bernard Lavin
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mrs R Miller

Address, 1302 E Lexington St

Remarks,

, 8 7 5 U 0 0 2 4 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

said scheme shall be referred, with the certificate of the Commissioner of Health. In case the birth of any child to the office of the Commissioner of Health, or should no other person be in or practioner of midwifery, or a physician or practioner of midwifery, or should no other person be in r it shall become the duty of the person or parents of such th, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall to comply with the provisions of this section shall be sub- child to report its birth to the Commissioner of Health, in the to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to com- jected to the fine of ten (10) dollars for each offence, to be re-

RETURN OF A BIRTH. 64842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 25 1905
4. *Place of Birth, (Street and Number)*	703 S. Exeter St. Balto.
5. *Full Name of Mother,*	Annie Kirsch
6. *Mother's Maiden Name,*	Annie Levin
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Jacob Kirsch
9. *Father's Occupation*	Clothing Store
10. *Father's Birthplace,*	Austria
Name of Medical Attendant, or other person who makes this Return,	Mrs. Lena Barber
Address,	741 E. York St. Balto.
Remarks.	

, 8 7 5 0 0 0 2 4 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64843

To the Office of Registrar of Vital Statistics Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 25/93
4. *Place of Birth, (Street and Number)* 402 E. Sharp Street, Baltimore.
5. *Full Name of Mother,* Mrs. Mary Reese
6. *Mother's Maiden Name,* Mary Ciriny
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Santore Reese Imeise
9. *Father's Occupation* Soldier
10. *Father's Birthplace,* Termini Imeise

Name of Medical Attendant, or other person who makes this Return. Mrs. Jena Barber

Address, 416 E. York St. Balto. Md.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

64500024487

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 25/45
4. Place of Birth, (Street and Number) Maternity Hospital, 115 W Lombard St
5. Full Name of Mother, Ida Williams
6. Mother's Maiden Name, "
7. Mother's Birthplace, Russia
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Alfred T. Gundry M.D. 115 W Lombard St.

Address,

Remarks,

1895000 2488

Wm J C. Dulany Co., City Printers and Stationers.

and the same to the office of the Commissioner of Health every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 648452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 26 April
4. *Place of Birth, (Street and Number)* 1406 Orleans St
5. *Full Name of Mother,* Mary Gorman
6. *Mother's Maiden Name,* Rock
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Thomas Gorman
9. *Father's Occupation* Chophouse
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Marc R Ulrich

Address, 1802 E Lexington

Remarks.

'8950002489

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered monthly to the office of the Commissioner of Health. In case the midwife or other person be in attendance upon the mother, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of each and every midwifery, or of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	26th of April 95
4. *Place of Birth, (Street and Number)*	1922 Wilhelm St
5. *Full Name of Mother,*	Anna Marrone
6. *Mother's Maiden Name,*	Anna Yung
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Henry Marrone
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Henler Midwife
Address,	2116 W. Pratt St.
Remarks,	

1895000 2490

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 6n1847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male George Edward Thomas
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26th Apr 95
4. *Place of Birth, (Street and Number)* 1843 Point St
5. *Full Name of Mother,* Annie Thomas
6. *Mother's Maiden Name,* " Lottie Sielig
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry Thomas
9. *Father's Occupation* Motor Man
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Thomas

Address,

Remarks,

B 9 5 0 0 0 2 4 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-9-52

RETURN OF A BIRTH. 64848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Katie Gale

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 26 April 1895
4. Place of Birth, (Street and Number) 506 Short Ft
5. Full Name of Mother, Katie Gale
6. Mother's Maiden Name, Bush
7. Mother's Birthplace, Balto
8. Full Name of Father, Louis Gale
9. Father's Occupation Huckster
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return Mrs R Ullig

Address, 902 E Lexington

Remarks,

'8950002492

Wm. J. C. Dulany Co., City Printers and Stationers.

...third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance of a physician or practioner of midwifery, or should no other person be in attendance of a physician or practioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 26 April

4. *Place of Birth, (Street and Number)* 706 Lemmon Alley

5. *Full Name of Mother,* Emma Peters

6. *Mother's Maiden Name,* A Abbott

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Ernest Peters

9. *Father's Occupation* Painter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr Gross

Address, 1907 E Monument st.

Remarks,

8950002493

said schedule shall be delivered, duly signed by the ... third day of each and every month to the office of the ... shall occur without the attendance of a physician or ... attendance upon the mother, immediately thereafter it ... child to report its birth to the Commissioner of Health, in ... any such person or persons who shall hereafter fail to com... jected to the fine of ten (10) dollars for each offence, to be ... of the Commissioner of Health. In case the birth of any child ... or practioner of midwifery, or should no other person be in ... ter it shall become the duty of the person or parents of such ... lth, in the manner and within the period above required, and ... to comply with the provisions of this section shall be sub... to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 26/95
4. Place of Birth, (Street and Number) 1871 E. Lombard Ste.
5. Full Name of Mother, Theresia Bohl
6. Mother's Maiden Name, " Wagner
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Bohl
9. Father's Occupation Cigarmaker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Weisenhofer

Address, 2225 Gough St.

Remarks,

1895 00022494

Wm. J. C. Dulany Co., City Printers and Stationers.

...the Commissioner of Health, or should no other person be in attendance of each and every month to the office of the Commissioner of Health, or should no other person be in third day of each and every month to the office of a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 26/95
4. Place of Birth, (Street and Number) 713 S. Wolf St.
5. Full Name of Mother, Carrie Beck
6. Mother's Maiden Name, Kramer
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. M. Beck
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Leisenhofer

Address, 2125 Gough St.

Remarks,

1 0 9 5 0 0 0 2 4 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

...each and every month to the office of the ... practitioner of midwifery, or should no other person be in ... third day of each ... shall occur without the attendance of a physician or practitioner ... shall become the duty of the person or parents of such ... attendance upon the mother, immediately thereafter it shall be required, and ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a return of every birth which shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* brown skin
3. *Date of Birth,* 26 th of april 1895
4. *Place of Birth, (Street and Number)* Wilmer aly
5. *Full Name of Mother,* Ida Slaughter
6. *Mother's Maiden Name,* Ida Slaughter
7. *Mother's Birthplace,* City
8. *Full Name of Father,* James Skinner
9. *Father's Occupation* laborer
10. *Father's Birthplace,* West virgina

Name of Medical Attendant, or other person who makes this Return. Lydia Somerville

Address, 636 Clinton ave

Remarks,

B 9 5 0 0 0 2 4 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 26th 1895
4. *Place of Birth, (Street and Number)* 308 S. Eager
5. *Full Name of Mother,* Mary Elizabeth Hannahs.
6. *Mother's Maiden Name,* Weber.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John H. Hannahs.
9. *Father's Occupation* Machinist.
10. *Father's Birthplace,* St Louis. Mo.

Name of Medical Attendant, or other person who makes this Return Dr. W. H. Pearce

Address, Cor Greenmount Ave & Preston St.

Remarks, 8950002497

said schedule shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	April 26th 1895
4. *Place of Birth, (Street and Number)*	229 W Pratt St
5. *Full Name of Mother,*	Mamie Kummer
6. *Mother's Maiden Name,*	" Reed
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas F Kummer
9. *Father's Occupation*	Engraver
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Leo Rhahaun
Address,	725 Columbia ave
Remarks,	

1 8 9 5 0 0 0 2 4 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

...ommissioner of Health, or Registrar of Vital Statistics, within one month to the office of the Commissioner of Health, or Registrar of Vital Statistics, or should no other person be in ...ctioner of midwifery, or should no physician or practitioner of midwifery, or should no other person be in ...shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...attendance upon the mother, immediately thereafter it shall be the duty of the physician or practitioner in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 26 / 95
4. *Place of Birth, (Street and Number)* 621 N. Washington Str.
5. *Full Name of Mother,* Louisa Dahms
6. *Mother's Maiden Name,* " Schroder
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Frank Dahms
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

1895 0002499

the Commissioner of Health, or should no other person be in
r practioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
h, in the manner and within the period above required, and
comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable.
third day of each and every month to the office of the Co
shall occur without the attendance of a physician or pract
attendance upon the mother, immediately thereafter it sha
child to report its birth to the Commissioner of Health, in t
any such person or persons who shall hereafter fail to comp
jected to the fine of ten (10) dollars for each offence, to be re

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 26th 93.

4. *Place of Birth, (Street and Number)* Father's house No 436 S Stricker

5. *Full Name of Mother,* Rosalie Bernstein

6. *Mother's Maiden Name,* " Rabe

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* C F Pinstrick

9. *Father's Occupation* Shoe Cutter

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr Howard Bruns

Address, 44 S Stricker St Baltimore City

Remarks, Mother and Child do well

0 1895 0002500

Wm. J. C. Dulany Co., City Printers and Stationers.

the Commissioner of Health. [illegible] or should no other person be in or practioner of midwifery, or should become the duty of the person or parents of such er it shall become the duty of the person or parents of such alth, in the manner and within the period above required, and to comply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to com- jected to the fine of ten (10) dollars for each offence, to be

said schedule shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 14857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 St.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	April 26 / 95
4. *Place of Birth, (Street and Number)*	415 N. Broadway
5. *Full Name of Mother,*	Josephine L. Whitehill
6. *Mother's Maiden Name,*	" " Dosenheim
7. *Mother's Birthplace,*	Hudson, N. Y.
8. *Full Name of Father,*	Morris H. Whitehill
9. *Father's Occupation*	Merchant
10. *Father's Birthplace,*	B. C.
Name of Medical Attendant, or other person who makes this Return,	Geo. L. Pietus
Address,	6 N. Broadway
Remarks,	

1 8 9 5 0 0 2 5 0 1

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 64858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Month
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	brown skin
3. *Date of Birth,*	26th april 1895
4. *Place of Birth, (Street and Number)*	chesnut aly 742
5. *Full Name of Mother,*	Elizibeth Brown
6. *Mother's Maiden Name,*	Elizebeth Cornish
7. *Mother's Birthplace,*	eastern shore
8. *Full Name of Father,*	marsailes Brown
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	City thal
Name of Medical Attendant, or other person who makes this Return,	Lydia somerville
Address,	Clinton avenue
Remarks,	

'8950002502

third day of each and every month to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate of each birth which shall occur within the preceding month, and which shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 10-24-58

64859c

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Cresson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 26, 1895
4. Place of Birth, (Street and Number) 2109 Druid Hill Ave,
5. Full Name of Mother, Mary P Cresson
6. Mother's Maiden Name, Lardner
7. Mother's Birthplace, Pa
8. Full Name of Father, Wm. W. Cresson
9. Father's Occupation, Hatter
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return. H. W. Webner M.D.

Address, 728 W. Lombard St.

Remarks, Natural Labor,

, 8 9 5 0 0 0 2 5 0 3

said schedule shall be delivered to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 26, 1875
4. *Place of Birth, (Street and Number)* 624 E. Monroe St
5. *Full Name of Mother,* Sofia Miller
6. *Mother's Maiden Name,* " Thomas
7. *Mother's Birthplace,* Salem Dorchester Md
8. *Full Name of Father,* Charles Miller
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Raleigh North Carolina

Name of Medical Attendant, or other person who makes this Return, Mara Wright

Address, 118 Wolf Street Balto

Remarks, None.

0750002504

third day of each and every month of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Apr. 26/95
4. *Place of Birth, (Street and Number)*	1135 Cleveland St.
5. *Full Name of Mother,*	Anne Reid
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Harry A. Arthur MD
Address,	622 W. Lombard St
Remarks,	

1895 0002505

third day of each and every month to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, a return of every birth which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 26/95
4. Place of Birth, (Street and Number) Maternity Hospital, 115 W Lombard St.
5. Full Name of Mother, Barbara Hoffman
6. Mother's Maiden Name, "
7. Mother's Birthplace, Germany
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Alfred T Sunday
115 W Lombard St.

Address,

Remarks,

1895000 2506

Wm J C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Apr. 27/95
4. Place of Birth, (Street and Number) Bel-Lying in Hospital 62 N Londn
5. Full Name of Mother, Lizzie Martin
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Harry A. Arthur M.D. Jr Resd't Phys.

Address,

Remarks,

1 0 9 5 0 0 0 2 5 0 7

Wm. J. C. Dulany Co., City Printers and Stationers.

said section shall every month to the office of the Commissioner of Health, or should no other person be in attendance, then the physician or midwifery, or should no other person be in attendance of a physician or practitioner of midwifery, of the person or parents of such third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance of a physician or practitioner of midwifery, of the person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty, of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the ... Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Negro
3. *Date of Birth,*	April 27th 1895
4. *Place of Birth, (Street and Number)*	1100 Kirk av.
5. *Full Name of Mother,*	Rosa Porter
6. *Mother's Maiden Name,*	" Brooks
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Harrison L. Porter.
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Ida Pollack M. D.
Address,	1030 W. McCulloh St.
Remarks,	

8950002508

Wm J C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 64865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 27. June 1895
4. *Place of Birth, (Street and Number)* 1317 Hull st.
5. *Full Name of Mother,* Auguste Colman
6. *Mother's Maiden Name,* " Schäfer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Colman
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Kath. Mahoney

Address, 1331 Hull st. Locust Point

Remarks,

1895000?509

Wm. J. C. Dulany Co., City Printers and Stationers.

...ce of the Commissioner of Health, ... physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl

2. *Race or Color, (if not of the white race)* White.

3. *Date of Birth,* 27 April 1933.

4. *Place of Birth, (Street and Number)* N. 402. Broadway.

5. *Full Name of Mother,* Auguste Ehrist.

6. *Mother's Maiden Name,* Auguste Schiganowski

7. *Mother's Birthplace,* Baltimore.

8. *Full Name of Father,* Fredrick Christ.

9. *Father's Occupation* Wagentreiber.

10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary Klass

Address, 1933. Fairmount. st. 2.

Remarks,

8750002510

said scheme shall be delivered every month to the office of the Commissioner of Health. In case the office of any City physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

64867 v

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 27th 95
4. *Place of Birth, (Street and Number)* Balto 305 Chesnut st
5. *Full Name of Mother,* Annie ~~Bantumn~~ Hains
6. *Mother's Maiden Name,* Annie Bantumn
7. *Mother's Birthplace,* Balto City Md.
8. *Full Name of Father,* William Hains
9. *Father's Occupation,* Porter in Store
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr William E Harris

Address, 416 Jefferson Mary E Stuart 1132

Remarks, E. Lexington all Satisfaction

6 7 5 0 0 0 2 5 1 1

third day of each and every month to the office of the Commissioner of Health. The same duty shall devolve upon any other person be in attendance of a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH. 64868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	27th of April 95'
4. *Place of Birth, (Street and Number)*	2024 Willcox St.
5. *Full Name of Mother,*	Mary Miller
6. *Mother's Maiden Name,*	Mary Vogt
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Henry H. Müller
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W Pratt St.
Remarks,	

' 6 7 5 0 0 0 2 5 1 2

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a return of every birth which shall occur without the attendance of a physician or practicioner of midwifery, or should no other person required by this section shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall be the duty of the physician or practicioner of midwifery in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2 nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27th of April 95

4. Place of Birth, (Street and Number) Frederick Road

5. Full Name of Mother, Cora Münzing

6. Mother's Maiden Name, Cora Hoffmann

7. Mother's Birthplace, Balto

8. Full Name of Father, Jacob Münzing

9. Father's Occupation Saloon Keeper

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Heuler Midwife

Address, 2116 W. Pratt St

Remarks,

'8950002513

third day of each and every month to the Office of the Registrar of Vital Statistics, a certificate of the birth of each child attended by him during the preceding month, and in case of the death of any child before the third day of each and every month to the Office of the Registrar of Vital Statistics, a certificate of the birth of each child attended by him during the preceding month, and in case of the death of any child before the third day of each and every month to the Office of the Registrar of Vital Statistics, a certificate of the birth of each child attended by him during the preceding month, and in case of the death of any child before the third day of each and every month to the Office of the Registrar of Vital Statistics, a certificate of the birth of each child attended by him during the preceding month, and in case of the death of any child before the third day of each and every month to the Office of the Registrar of Vital Statistics, a certificate of the birth of each child attended by him during the preceding month, and in case of the death of any child before the third day of each and every month to the Office of the Registrar of Vital Statistics, a certificate of midwifery, or should no other person, as aforesaid, make return of such birth, then it shall be the duty of the physician or practioner of midwifery, or should no other person as aforesaid make return of such birth, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter if it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a

RETURN OF A BIRTH. 64870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 27 95
4. *Place of Birth, (Street and Number)* Garrett alac 1339
5. *Full Name of Mother,* Theresa Bickoar
6. *Mother's Maiden Name,* Wilbatt
7. *Mother's Birthplace,* Tilsit - Ost - Preussen
8. *Full Name of Father,* John Bickoar
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Johanna Jonske

Address, Garrett Ave 1365

Remarks,

' 6 7 5 0 0 0 2 5 1 4

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

third day of each the city number of a physician or practitioner of [illegible] shall occur without the attendance of a physician or practitioner of [illegible] thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

GIVEN NAME ADDED 10-2-52

RETURN OF A BIRTH. 64871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mignon ~~Block~~ 1 St

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W.
3. Date of Birth, April 27 / 95
4. Place of Birth, (Street and Number) N. E. Cor. Calhoun and Pigeon St.
5. Full Name of Mother, Ervin Block
6. Mother's Maiden Name, Ervin Benesch
7. Mother's Birthplace, Austria
8. Full Name of Father, Isaac Block
9. Father's Occupation Merchant
10. Father's Birthplace, B. C.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Wilkins

Address, 6 N. Bdy

Remarks,

' 8 9 5 0 0 0 2 5 1 5

Wm. J. C. Dulany Co., City Printers and Stationers

...commissioner of health. If the child was born away from the residence of the mother, the return shall be made by the physician, midwife, or other person in attendance at the birth, and every month to the office of the Commissioner of Health, Baltimore City, on or before the third day of each

of midwifery, or shall practice [illegible] of such
come the duty of the person or parents of such
manner and within the period above required, and
attendance upon the mother, immediately thereafter it shall become
child to report its birth to the Commissioner of Health, in the manner a
any such person or persons who shall hereafter fail to comply with the
jected to the fine of ten (10) dollars for each offence, to be recovered as
third day of each and every month, to the Commissioner of Health, by the physician or practitioner of midwifery, of whom the attendance of a
shall occur without the attendance of a physician or practitioner of midwifery, of such
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5. th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 of April
4. *Place of Birth, (Street and Number)* 1003, Hanover St
5. *Full Name of Mother,* Christina E. Buckey
6. *Mother's Maiden Name,* Christina E. Runge
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Jacob E. Buckey
9. *Father's Occupation* can maker
10. *Father's Birthplace,* Frederick City. Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 714 N Broadway

Remarks,

8750002516

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 27th 1895
4. *Place of Birth, (Street and Number)* 343. Lonsdowne St. city
5. *Full Name of Mother,* Wilhelmina Rossman
6. *Mother's Maiden Name,* Wilhelmina Seippel
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* John Louis Rossman
9. *Father's Occupation* cabinet maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Philipp Heldrich

Address, 2151. Wilkens Avenue, city

Remarks, —

1895000025 17

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. And be it further enacted, That it shall be the duty of each and every midwife, or physician or practioner of midwifery, to report to the office of the Commissioner of Health, on the first day of each and every month to the office of the Commissioner of Health, on the third day of each and every month to the office of the Commissioner of Health, on the third day of each and every month to the office of the Commissioner of Health, on the third

RETURN OF A BIRTH. 64874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, April 27 1895
4. Place of Birth, (Street and Number) 1612 Hollins St
5. Full Name of Mother, Eliza Ennes
6. Mother's Maiden Name, " Sahlright
7. Mother's Birthplace, Balto
8. Full Name of Father, Louis Ennes
9. Father's Occupation Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Geo. Thorley M.D.

Address, 25 W Preston St

Remarks,

' 8 9 5 0 0 0 2 5 1 8

Said Returns shall be made every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6/27/96

RECORD OF A BIRTH. 64875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Janet Hollins Lewis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 27/95
4. Place of Birth, (Street and Number) 215 E. Biddle St
5. Full Name of Mother, Jane Lewis
6. Mother's Maiden Name, Jane Nichols
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Lawrence T. Lewis
9. Father's Occupation Architect
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, K B Batchelor MD.

Address, 1807 N. Charles st

Remarks,

6 9 5 0 0 0 2 5 1 9

Wm. J. C. Dulany Co., City Printers and Stationers

...ce of the Commissioner of Health. ... third day of each and every month to the office of the ... shall occur without the attendance of a physician or ... attendance upon the mother, immediately thereafter ... child to report its birth to the Commissioner of Health, ... any such person or persons who shall hereafter fail to ... jected to the fine of ten ($10) dollars for each offence, to ...

RETURN OF A BIRTH. 64876

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	27 April
4. *Place of Birth (Street and Number)*	1605 East Madisson st
5. *Full Name of Mother*	Mary Mc Gunn Moore
6. *Mother's Maiden Name*	Gary
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Edward G Moore
9. *Father's Occupation*	Coach Painter
10. *Father's Birthplace*	hagerstown
Name of Medical Attendant, or other Person who makes this Return.	Jane Gary
Address	1605 East Madisson
Remarks	Jane healthy child

' 8 9 5 0 0 0 2 5 2 0

thereafter, stating distinctly the ... condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 64877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 27.
4. *Place of Birth, (Street and Number)* 1010 James Alley
5. *Full Name of Mother,* Nellie Hotzel
6. *Mother's Maiden Name,* Horn
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Hugo Hotzel
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Eugene Marsden

Address, 101 Lexington Hall St

Remarks,

6950002521

Wm. J. C. Dulany Co,. City Printers and Stationers.

...practioner of midwifery, or should no other person be in... third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a return of such birth, which shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person in attendance, in the manner and within the period above required, and in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

RETURN OF A BIRTH. 64878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 24 1892
4. *Place of Birth, (Street and Number)* 236 Nicholas ave Baltimore
5. *Full Name of Mother,* Sara M Brown
6. *Mother's Maiden Name,* Bennett
7. *Mother's Birthplace,* Carroll County
8. *Full Name of Father,* James Robins
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Woodbury Baltimore County MD

Name of Medical Attendant, or other person who makes this Return

Address, Martha E King 575 Fleetwood ave Baltimore

Remarks,

1895000 2522

Wm. J. C. Dulany Co., City Printers and Stationers.

or practicner of midwifery, of a birth, it shall be the duty of a physician or person or parents of such third day of each and every month, of a birth, it shall be the duty of the person or parents of such shall occur without the attendance of a physician or practicner of midwifery, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 27, 1895
4. *Place of Birth, (Street and Number)*	1125 Clarett St
5. *Full Name of Mother,*	Eliza Keith
6. *Mother's Maiden Name,*	Eliza Newman
7. *Mother's Birthplace,*	Baltimore ~~Edition~~ Keith City
8. *Full Name of Father,*	Ellyzay Keith
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Orangeburg South Carolina
Name of Medical Attendant, or other person who makes this Return.	Hulda Brooks
Address,	1132 Warren St.
Remarks,	Doing well

1895 00 0 0 2 5 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, a return of each birth which shall occur without the attendance of a physician or practicioner of midwifery, or shall occur in the absence of such attendance upon the mother, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64880 c

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5—

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 27, 1895.
4. Place of Birth, (Street and Number) 312 Union ave.
5. Full Name of Mother, Rosey Crowe O'Neill.
6. Mother's Maiden Name, Md.
7. Mother's Birthplace, William J. Crowe.
8. Full Name of Father, Police officer.
9. Father's Occupation At Sea.
10. Father's Birthplace, Chas. H. Mitchell M.D.

Name of Medical Attendant, or other person who makes this Return, 291 Chestnut ave.

Address,

Remarks, 1895 00 02524

said schedule shall be delivered every month to the office of the Commissioner of Health, or should no other person be in attendance of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a return of midwifery, or should no other person or practitioner of such shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	Colored
3.	*Date of Birth,*	April 27th 1895
4.	*Place of Birth, (Street and Number)*	Baltimore, Boyd. 2nd 69
5.	*Full Name of Mother,*	Mary Barnes
6.	*Mother's Maiden Name,*	mary Blackburn
7.	*Mother's Birthplace,*	Born in Saint mary Contik
8.	*Full Name of Father,*	janes Blackburn
9.	*Father's Occupation*	Stone mason
10.	*Father's Birthplace,*	Loic contia Va
	Name of Medical Attendant, or other person who makes this Return,	mary Barnes
	Address,	[redacted] st 524
	Remarks,	8950002525

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 64882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 27th 1895
4. *Place of Birth, (Street and Number)* No. 32 Louden Ave
5. *Full Name of Mother,* Angielika Malishefskie
6. *Mother's Maiden Name,* Angielika Lempka
7. *Mother's Birthplace,* Rishlava
8. *Full Name of Father,* John Melishefskie
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Prodsian

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1895 00025 26

Wm. J. C. Dulany Co., City Printers and Stationers.

or practicuer of midwifery, or should no other person
third day of each and every month to the office of the
shall occur without the attendance of a physician or pra
shall become the duty of the person or parents of such
attendance upon the mother, immediately thereafter it s
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offence, to be
to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-1-55 64883

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Howard Francis First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 28th 1895

4. Place of Birth, (Street and Number) 111 Pearl St

5. Full Name of Mother, Mary E. Freburger

6. Mother's Maiden Name, Gayhart

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles E. Freburger

9. Father's Occupation Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 S Bond St

Remarks,

B 1950002527

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 28th April 1895

4. *Place of Birth, (Street and Number)* 1139 Ridgely St Baltimore City

5. *Full Name of Mother,* Katie Jones

6. *Mother's Maiden Name,* Katie Boyle

7. *Mother's Birthplace,* Baltimore M. D.

8. *Full Name of Father,* Edward F Jones

9. *Father's Occupation* Machinist

10. *Father's Birthplace,* Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 711 N. Cross st

Remarks,

, 8 9 5 0 0 0 2 5 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

...the duty of the person or parents of such ... shall become the duty ... without the attendance of a physician or ... it shall become the duty ... and within the period above required, and ... immediately thereafter ... in the manner and within ... provisions of this section shall be ... with the provisions ... as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64885-1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IX

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 28/95
4. Place of Birth, (Street and Number) 520 N. Washington Ste.
5. Full Name of Mother, Josephina Lurz
6. Mother's Maiden Name, Schroder
7. Mother's Birthplace, Ballo.
8. Full Name of Father, Adam Lurz
9. Father's Occupation Laberer
10. Father's Birthplace, Ballo.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Ste.

Remarks,

1895 0002529

the duty of the person or parents of such ... physician or ... it shall become the attendance of ... it shall ... immediately thereafter ... and within the period above required, and ... in the manner ... Commissioner of Health, in the ... this section shall be sub- ... with the provisions of ... fail to comply ... shall hereafter ... persons who shall ... to be recovered as other fines and forfeitures are recoverable. ... offence, ... dollars for each ... ten (10) ... fine of

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 28, 1895.
4. *Place of Birth, (Street and Number)* 2428 Canton Ave
5. *Full Name of Mother,* Lizzie King.
6. *Mother's Maiden Name,* Lizzie Roan.
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Lawrence King.
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Sargent

Address, 824 Canton Ave.

Remarks,

8750002530

Wm. J. C. Dulany Co,. City Printers and Stationers.

shall occur without the attendance of a physician or person in charge, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of such physician or person in charge, to report in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 28 April
4. *Place of Birth, (Street and Number)* 1104 Orleans St
5. *Full Name of Mother,* Annie Beck
6. *Mother's Maiden Name,* Hall
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm Beck
9. *Father's Occupation* Police
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R Ulbig
1303 E Lexington St

Address,

Remarks,

1895000 7531

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* April 22 th 1895

4. *Place of Birth, (Street and Number)* No 507 N Caste Str

5. *Full Name of Mother,* Anna Witte

6. *Mother's Maiden Name,* Kreuzberg

7. *Mother's Birthplace,* Bettimore

8. *Full Name of Father,* Chas Witte

9. *Father's Occupation* Elevator Operator

10. *Father's Birthplace,* Bettimore

Name of Medical Attendant, or other person who makes this Return, Mrs L Gens.

Address, No 1907 E Monument Ste.

Remarks, 1895 0002532

third day of each and every month to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, a return of each birth which shall occur within the period above required, and shall become the duty of the person or parents of such shall occur without the attendance of a physician or practioner of midwifery, or shall be delivered otherwise than in the manner and within the period above required, and shall become the duty of the person or parents of such attendance of a physician or practioner of midwifery, or shall be delivered otherwise than in the manner and within the period above required, and immediately thereafter it shall become the duty of the person in attendance upon the mother, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 8-29-58

RETURN OF A BIRTH. 64889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Williams

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 28th 1895
4. *Place of Birth, (Street and Number)* 579 Orleans
5. *Full Name of Mother,* Ella Williams
6. *Mother's Maiden Name,* Gilday
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Wm H Williams
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Mrs Mary V. Allwell

Address, 1438 N. Bond St

Remarks,

1895000 2533

shall occur without the attendance of a physician hereafter it shall become the duty of the person required, and attendance upon the mother, immediately thereafter to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 64890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~Christian~~ Bolander

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 28th April 1898
4. Place of Birth, (Street and Number) 530 E Fort Ave
5. Full Name of Mother, Sallie Bolander (Bolander)
6. Mother's Maiden Name, Gessweine (Gesswine)
7. Mother's Birthplace, Maryland
8. Full Name of Father, George Bolander (Bolander)
9. Father's Occupation Clerke
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yewell

Address, 436 E Fort ave

Remarks,

1895000025 34

Wm. J. C. Dulany Co., City Printers and Stationers.

...duty of the person or parents of such ... shall become the attendance of a physician or midwife ... shall occur without the attendance of a physician or midwife, ... immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter fail to report its birth to the Commissioner of Health, and child to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to any such person or persons who shall hereafter fail to ... nce, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 1.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, The 28th of April 1895

4. Place of Birth, (Street and Number) No 16 16 Washington

5. Full Name of Mother, Margaretha Groth

6. Mother's Maiden Name, Margaretha Gunther

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Groth

9. Father's Occupation Baggage Master B. & C.

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Ch. Lunn

Address, No 1054 Hanford Ave

Remarks, Balt Md.

1895.

1895 00 07535

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 64892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	28th (April)
4. *Place of Birth, (Street and Number)*	773 W. Mulberry st
5. *Full Name of Mother,*	Nellie Bixby
6. *Mother's Maiden Name,*	Nellie Conolly
7. *Mother's Birthplace,*	Bloomington Garrett Co
8. *Full Name of Father,*	August T Bixby
9. *Father's Occupation,*	Paperhanger
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. M. Kopper
Address,	105 Cross St
Remarks,	8950002536

third day of each and every month of a physician or practitioner of [illegible] shall become the duty of the person or persons in attendance upon the mother, immediately thereafter it shall occur without the attendance of a physician or practitioner, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

64893

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 28th 95
4. Place of Birth (Street and Number)	1402 Ashland Ave
5. Full Name of Mother	W. J. Kindervater
6. Mother's Maiden Name	W. J. Kuhne
7. Mother's Birthplace	Balto City
8. Full Name of Father	Chas Kindervater
9. Father's Occupation	Printer
10. Father's Birthplace	Phila Pa
Name of Medical Attendant, or other Person who makes this Return.	Chas B. Lyle MD
Address	920 2 Broadway
Remarks	

1 8 9 5 0 0 0 2 5 3 7

within six days thereafter, the full name, sex, color, and date of birth of each child born or not, the full name, maiden name, and birthplace of the mother, and the full name, occupation, and birthplace of the father of such child or children.

RETURN OF A BIRTH. 64894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 1.

1. *Sex, (state whether male or female)* ..... female

2. *Race or Color, (if not of the white race)* ..... white

3. *Date of Birth,* ..... 28 April

4. *Place of Birth, (Street and Number)* ..... 12 c Hull st.

5. *Full Name of Mother,* ..... Anna Frei

6. *Mother's Maiden Name,* ..... " Lizinger

7. *Mother's Birthplace,* ..... Germany

8. *Full Name of Father,* ..... Heinrich Frei

9. *Father's Occupation* ..... Laboer

10. *Father's Birthplace,* ..... Germany

Name of Medical Attendant, or other person who makes this Return, ... Bally Mgr.

Address, 1331 Hull st.

Remarks, Still Birth

1 8 7 5 0 0 0 2 5 3 8

third day of each and every month a physician or person in attendance upon the mother shall become the duty of the person so in attendance to report it to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or person in attendance upon the mother, immediately thereafter it shall become the duty of the person so in attendance upon the mother, immediately thereafter to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 first one boy brown skin twins
1. *Sex, (state whether male or female)*	two male twins
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	No 1121 birk st
4. *Place of Birth, (Street and Number)*	28 th of april 1895
5. *Full Name of Mother,*	anna turner
6. *Mother's Maiden Name,*	anna Williams
7. *Mother's Birthplace,*	Snow hill Md
8. *Full Name of Father,*	John turner
9. *Father's Occupation*	Pocomoke City
10. *Father's Birthplace,*	Carige driver
Name of Medical Attendant, or other person who makes this Return.	Lydia Somerville
Address,	616 Clinton Ave
Remarks,	

' 8950002539

shall occur without the attendance of a ... thereafter it shall be ... immediately thereafter, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 2-6-57

(225)

RETURN OF A BIRTH. 64896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Inez Oneta Warren

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 28th 1895
4. Place of Birth, (Street and Number)	Pitcher st. near Bernard st
5. Full Name of Mother,	Fanny T. Warren
6. Mother's Maiden Name,	" Frech
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	John Wesley Warren
9. Father's Occupation	Clerk
10. Father's Birthplace,	Fairsbury Maryland
Name of Medical Attendant, or other person who makes this Return,	Hardy Hill M.D.
Address,	807 N Wolfe St
Remarks,	

1895000 2540

shall become the duty of the person in charge of the premises where the birth occurs, or of the parent or parents of the child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or midwife, it shall become the duty of the mother, immediately thereafter, to report the birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the physician or midwife in attendance to report the birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 18th 1895
4. *Place of Birth, (Street and Number)* 1225 S. Eutaw st.
5. *Full Name of Mother,* Matilda Grecht
6. *Mother's Maiden Name,* Matilda Gundlach
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* L. Chr. Grecht
9. *Father's Occupation* Superintendant of Cannery (Fruits & Veg.)
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Runge

Address, 111 W. Cross st

Remarks,

12 5 0 0 2 5 4 1

...re under whose charge ... shall enter the ... of such birth, and shall set forth as far as the same can be ascertained the ... This schedule shall contain a list of the births ... and shall set forth as far as the same can be ascertained the ... of its parents, the date ... the form of a certificate between ... of any child ... sioner of Health. In case the birth of any child ... of midwifery, or should no other person be in ... come the duty of the person or parents of such ... ner and within the period above required, and ... th the provisions of this section shall be sub- ... d as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

64897

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April 28th 1895

4. Place of Birth (Street and Number) 322 N Gay St

5. Full Name of Mother Ernestine Pausch

6. Mother's Maiden Name Ernestine Friebertshauser

7. Mother's Birthplace Maryland

8. Full Name of Father Frederick R. Pausch

9. Father's Occupation Tobacconist

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this return Louis J Bell MD

Address 314 N Eutaw St

Remarks

1895002542

within six days thereafter, the full name, nativity, ... born or not, the full name, nativity, ... born, its or their physical condition, whether still born or ... the parents, and the maiden name of the mother of such ... such child or children.

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RETURN OF A BIRTH. 64898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child William A Erck

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* April 27th

4. *Place of Birth, (Street and Number)* 917 Fremont Ave Erck

5. *Full Name of Mother,* Emma Virginia Marks

6. *Mother's Maiden Name,* Emma

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* William Ernest Erck

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary I Finan

Address, 2847 Kenwood St

Remarks,

+ 8950002543

Wm. J. C. Dulany Co., City Printers and Stationers.

shall become the duty of the ... required, and shall occur without the attendance of ... it shall become the duty of the ... above required, and attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, ~~(if not of the white race)~~* W
3. *Date of Birth,* Apr 29/95
4. *Place of Birth, (Street and Number)* 2104 E Fairmount
5. *Full Name of Mother,* Wilhelmina Stahl
6. *Mother's Maiden Name,* " Hagle
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Charles J Stahl
9. *Father's Occupation* Bookkeeper + Clerk
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. J F Schultz M.D.

Address, 1502 N. Bond St.

Remarks, 1895000 2544

third day of each and every month of a physician or practitioner in attendance upon the mother, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall become the attendance upon the mother, immediately thereafter it shall be the duty of such physician or practitioner in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH, 64906

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* April 29th 1895
4. *Place of Birth, (Street and Number)* 428 N. Fremont st
5. *Full Name of Mother* Effie McElhenny
6. *Mother's Maiden Name* Effie Taylor
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William S. B. McElhenny
9. *Father's Occupation* hatter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amanda J. Toms, M.D.

Address 871 Harlem Ave

Remarks

1895000025545

Condition, whether still born or not, the full name, residence, &c., of the mother of such child or children.

GIVEN NAME ADDED 10-7-55 64901

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Annie Elizabeth ~~Brattner~~ Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 29 - 1895

4. Place of Birth, (Street and Number) 1004. S Paca

5. Full Name of Mother, Maggie Brittner

6. Mother's Maiden Name, Flees

7. Mother's Birthplace, Baltimar

8. Full Name of Father, Richard. V Brittner

9. Father's Occupation Shoemaker

10. Father's Birthplace, Baltimare

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 711 N Gross st

Remarks,

8950002546

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 27th 1895
4. Place of Birth, (Street and Number) 1241 West Cross St.
5. Full Name of Mother, Bridget McCarthy
6. Mother's Maiden Name, Bridget Quaid
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick McCarthy
9. Father's Occupation Baker Baker
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. Catherine Cass.

Address, 409 S. Poppleton St.

Remarks, 1 8 9 5 0 0 0 2 5 4 7

third day of each and every month of the person or parents of such shall become the duty of a physician or practitioner of midwifery, to whose attendance a child shall occur without the attendance of a physician or practioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the mother, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 64983

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 29 - 1891
4. *Place of Birth, (Street and Number)*	1802 Fairmt ave
5. *Full Name of Mother,*	Emma Byrne
6. *Mother's Maiden Name,*	Emma Reifner
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Charles A. Byrne
9. *Father's Occupation,*	Ship Broker
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other Person who makes this Return.	Dr C Bamberger
Address,	128 So Broadway
Remarks,	

of the parents, and the date

, 8 9 5 0 0 0 2 5 4 8

PIET, PRINTER & STATIONER, BALT.

(over)

RETURN OF A BIRTH. 64904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~X~~ 5th

1. *Sex, (state whether male or female)* Male - George Hofmeier
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 29, 1896.
4. *Place of Birth, (Street and Number)* 2336 Fosters Ave.
5. *Full Name of Mother,* Annie (Hoffmeister) Hofmeier
6. *Mother's Maiden Name,* Annie (Pettes) Peters
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John (Hoffmeister) Hofmeier
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 Canton St.

Remarks,

1895000 2549

shall occur without the attendance upon the mother, immediately thereafter it shall be the duty of the attendant to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 29/95
4. *Place of Birth, (Street and Number)* 613 S. Durham Str.
5. *Full Name of Mother,* Mary Prieto
6. *Mother's Maiden Name,* " Wedemeyer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fred. Prieto
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Heisenhofer

Address, 2225 Gough Str.

Remarks,

shall occur within the [illegible] immediately thereafter [illegible] attendance upon the mother, immediately thereafter [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 4 5 0 0 0 2 5 5 0

GIVEN NAME ADDED, 4-15-57

RETURN OF A BIRTH. 64906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Kathryn Magdaline Habler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 29/95
4. Place of Birth, (Street and Number) 2400 Canton Ave.
5. Full Name of Mother, Elizabeth Habler Mueller
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Habler
9. Father's Occupation Cooper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Weisenhofer

Address, 2225 Gough St.

Remarks,

1875000 2551

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 29 98
4. Place of Birth, (Street and Number) 420 N. Caroline
5. Full Name of Mother, Estella Carcaret
6. Mother's Maiden Name, Getzendanner
7. Mother's Birthplace, Md
8. Full Name of Father, John H. Carcaret
9. Father's Occupation, Painter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N. Bond St

Remarks,

1897 5 0 0 0 2 5 5 2

Every physician or midwife in attendance upon the mother, immediately after the birth, in the manner and within the time prescribed by section [illegible] of the Code of Public Local Laws of Baltimore City, shall report such birth to the Commissioner of Health, in the manner and within the time prescribed by this section; and every person required by law to report the birth of any child to the Commissioner of Health, in the manner and within the time prescribed by this section shall be subject to the penalties provided by section [illegible] of the Code of Public Local Laws of Baltimore City, for the neglect or refusal to comply with the provisions of this section shall be subject to a fine of not less than five (5) dollars nor more than ten (10) dollars for each offence, to be recovered before any justice of the peace of Baltimore City, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White ?
3. *Date of Birth,* April 29-95
4. *Place of Birth, (Street and Number)* Maternité Hospital, 115 W Lombard St
5. *Full Name of Mother,* Sarah E. Baker,
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Unknown
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, Alfred T. Lunacy M.D.

Address, 115 W Lombard St.

Remarks,

8950002553

shall cause upon the mother, immediately the birth of such child, in the manner and within the time prescribed by this section shall be subject to attendance upon the mother, immediately the birth of such child, in the manner and within the time prescribed by this section shall be subject to the Commissioner of Health, in the manner and within the time prescribed by this section shall be subject to attendance upon the mother, immediately the birth of such child to report its birth to the Commissioner of Health

RETURN OF A BIRTH. 64909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 27, 1875
4. *Place of Birth, (Street and Number)* Waverly Old York Road
5. *Full Name of Mother,* Maggie Reed (Boarder)
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Va
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, 418 Talbot St Waverly Balto City

Remarks, Healthy and well

T 8 9 5 0 0 0 2 5 5 4

...er it shall become the duty of the ... the attendance of a physician ... shall occur without the attendance of a physician it shall become the duty of the ... attendance upon the mother, immediately thereafter it shall be the duty of ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subject to a penalty of ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White.

3. *Date of Birth,* Apr 29/95

4. *Place of Birth, (Street and Number* Mt Lying-in Hospital Cor Wombaw & ...

5. *Full Name of Mother,* Mary Healey.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Harry A. Arthur M.D. Resident Phys.

Address,

Remarks,

1895000 2555

Wm. J. C. Dulany Co., City Printers and Stationers.

Return of each child, (if any shall have ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Apr. 30/91
4. *Place of Birth, (Street and Number)* Free Lying in Hospital 62 & 10 Lombard
5. *Full Name of Mother,* Lizzie Johnson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Harry B. Arthur M.D.
Jr Resident Phys.

Address,

Remarks,

18950002556

Wm. J. C. Dulany Co., City Printers and Stationers.

Section. . . month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64912 C

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 30, 95
4. Place of Birth, (Street and Number) Maternité Hospital, 115 W Lombard St
5. Full Name of Mother, Mary Carr
6. Mother's Maiden Name, Unknown
7. Mother's Birthplace, Usa
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Alfred T. Dunday M.D.

Address, 115 W Lombard St.

Remarks,

8 9 5 0 0 0 2 5 5 7

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

Health. The attending shall correct a list of the names of all children born in his district during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 30/95
4. *Place of Birth, (Street and Number)*	1815 Eastern ave
5. *Full Name of Mother,*	Kate Hersh
6. *Mother's Maiden Name,*	" Somers
7. *Mother's Birthplace,*	Bald.
8. *Full Name of Father,*	Jno. Hersh Jr.
9. *Father's Occupation*	Collector
10. *Father's Birthplace,*	Bald.
Name of Medical Attendant, or other person who makes this Return,	Dr. Mansfield M.D.
Address,	129 S. Broadway
Remarks,	

8 9 5 0 0 0 2 5 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 30 - 95

4. Place of Birth, (Street and Number) 916 N Washington

5. Full Name of Mother, Margaret E. Huber

6. Mother's Maiden Name, " " Tacker

7. Mother's Birthplace, Balto

8. Full Name of Father, Jacob F. Huber

9. Father's Occupation, Varnisher

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N. Bond St

Remarks,

8 4 5 0 0 0 2 5 5 9

Wm J C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 30 95
4. *Place of Birth, (Street and Number)*	2104 Ashland Ave
5. *Full Name of Mother,*	Etta Dawson
6. *Mother's Maiden Name,*	Etta Hartzell
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wm Dawson
9. *Father's Occupation*	Car builder
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo W Dobbin Jr. D.
Address,	Johns Hopkins Hospital
Remarks,	

1895 0002560

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* April 30 1905
4. *Place of Birth, (Street and Number)* No 504 De Soto Str
5. *Full Name of Mother,* Mary Bertrand
6. *Mother's Maiden Name,* Spence
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Bertrand
9. *Father's Occupation* Plasterer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm L Gray

Address, No 1907 E Monument Str

Remarks,

8950002561

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 30th 1895
4. *Place of Birth, (Street and Number)* 2025 W. Calvert st.
5. *Full Name of Mother,* Maggie C. Rapard
6. *Mother's Maiden Name,* Collins
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George D. Rapard
9. *Father's Occupation,* Compositer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. J. H. Mitnacht M.D.

Address, 1911 N. Fayette st.

Remarks,

8 4 5 0 0 0 2 5 6 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred since the ... day of ... month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the firm of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 64918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* ~~Female~~ Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 30, 1895
4. *Place of Birth, (Street and Number)* 1115 Etting St
5. *Full Name of Mother,* Bella Williams
6. *Mother's Maiden Name,* " Nelson
7. *Mother's Birthplace,* Howard Co. Md
8. *Full Name of Father,* Thos. H. Williams
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, O Edward Janney M.D

Address, 837 N. Eutaw St

Remarks,

8 9 5 0 0 0 2 5 6 3

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in attendance or the parent of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6d 919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	April 30th 95
4. *Place of Birth, (Street and Number)*	807 Whatcoat St
5. *Full Name of Mother,*	Hannah Johnson
6. *Mother's Maiden Name,*	Hannah Weeks
7. *Mother's Birthplace,*	Howard Co. Md
8. *Full Name of Father,*	Joseph Johnson
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore Co Md
Name of Medical Attendant, or other person who makes this Return,	William Nork M.D.
Address,	1304 W. Lafayette ave
Remarks,	

8950002564

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, April 30, 1895
4. Place of Birth, (Street and Number) E Church Street No 25
5. Full Name of Mother,
6. Mother's Maiden Name, Mary Ward
7. Mother's Birthplace, Cambridge Md
8. Full Name of Father, John Samuel Grace
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Eunice Hanford

Address, 45 Little Baltimore St

Remarks, Never was Married

8950002565

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64921 D

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first first

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Ceylon
3. *Date of Birth,* April the 3d
4. *Place of Birth, (Street and Number)* 2125 Division St
5. *Full Name of Mother,* Lucy Manuel
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Wilmington North Carolina
8. *Full Name of Father,* Isham Massey
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Fredericksburg Va

Name of Medical Attendant, or other person who makes this Return, Mary Pass

Address, 2125 Division St

Remarks,

8950002566

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 6f 9224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 30th 1895
4. *Place of Birth, (Street and Number)* 1038 E. Fort ave.
5. *Full Name of Mother,* Carolina Schaffer
6. *Mother's Maiden Name,* Schwenkarske.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adolf Schaffer
9. *Father's Occupation* Workingman.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwartz

Address, 434 E. Fort ave

Remarks,

0 0 5 0 0 0 2 5 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the ... been conferred) its sex, color, the full name and occupation of its pa... in the form of a certificate between the first and ... said schedule shall be delivered, duly signed by the practitioner in the ... third day of each and every month to the office of the Commissione... shall occur without the attendance of a physician or practioner of m... become the duty of the person or parents of such ... manner and within the period above required, and ... with the provisions of this section shall be subj... ered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64933

GIVEN NAME ADDED 7/13/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Robert Lawson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 30 1895
4. *Place of Birth, (Street and Number)*	City 1150 Eidgely St
5. *Full Name of Mother,*	Elmira Lawson
6. *Mother's Maiden Name,*	Elmira Bennet
7. *Mother's Birthplace,*	Harford County Md
8. *Full Name of Father,*	Henry Lawson
9. *Father's Occupation*	Saloon Keeper
10. *Father's Birthplace,*	N Y City
Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
Address,	714 N Broadway
Remarks,	

B 9 5 0 0 0 2 5 6 8

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

KODAK SAFETY

births which have occurred under his or her care during the
be ascertained the full name of each child, (if any shall have
occupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practicuer of midwifery, or should no other person be in
ter it shall become the duty of the person or parents of such
lth, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 30, 1895.
4. *Place of Birth, (Street and Number)* 629 Poland ave.
5. *Full Name of Mother,* Annie Louise Hubbell.
6. *Mother's Maiden Name,* Lawson.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* George W. Hubbell.
9. *Father's Occupation* Commission Merchant.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8 4 5 0 0 0 2 5 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 30th 1895.
4. Place of Birth, (Street and Number) 275 Rogers Ave.
5. Full Name of Mother, Elizabeth Laundry.
6. Mother's Maiden Name, Elizabeth Lauterbach
7. Mother's Birthplace, Balto City
8. Full Name of Father, John Laundry
9. Father's Occupation, Saloon Keeper.
10. Father's Birthplace, Balto City.

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs. Wilkinson 14 W. Cross st

Remarks,

0950002570

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* Apr 17-1894
4. *Place of Birth, (Street and Number)* # 1388 W. Hamburg St
5. *Full Name of Mother,* Annie Taylor
6. *Mother's Maiden Name,* Annie Banks
7. *Mother's Birthplace,* Balto; Md
8. *Full Name of Father,* Edward Taylor
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Caroline Moore

Address, 49 W. West St Balto.

Remarks,

6 7 5 0 0 0 2 5 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64927 V

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 1/95
4. *Place of Birth, (Street and Number)* 438 N. Patterson Park Ave.
5. *Full Name of Mother,* Rosa Mattes
6. *Mother's Maiden Name,* " Gehring
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Frank Mattes
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Sts

Remarks.

0 2 5 0 0 0 2 5 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Midwife, shall see to it as far as the same can be ascertained, that the name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64938 V

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 1 1890
4. *Place of Birth, (Street and Number)* 1034 Hanover St
5. *Full Name of Mother,* Kate Hollenberg
6. *Mother's Maiden Name,* Kate Lange
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Christian Herman Hollenberg
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Catherine Mauch

Address, 800 Lombard St

Remarks,

1895 0002573

Wm. J. C. Dulany Co,. City Printers and Stationers.

Baltimore under whose charge or supervision a birth occurs, is required to enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall enter the same on the register of such birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1st 95
4. Place of Birth, (Street and Number) 421 Robert St
5. Full Name of Mother, Amelia Dora ~~Langmans~~ Weis
6. Mother's Maiden Name, Amelia Dora Langmans
7. Mother's Birthplace, Balto
8. Full Name of Father, Theo Weis
9. Father's Occupation, Merchant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Madison Ave

Remarks,

8450002574

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64930 ✓

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1st April 1895
4. *Place of Birth, (Street and Number)* N. Av. between Front & Alley
5. *Full Name of Mother,* Christiana Gruender
6. *Mother's Maiden Name,* Bradley
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Gruender
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Elizabeth Agnew

Address, 736 E Fort Ave

Remarks,

64950002575

Wm. J. C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 1/95
4. *Place of Birth, (Street and Number)* 1926 Gough St.
5. *Full Name of Mother,* Katharina Mertes
6. *Mother's Maiden Name.* " Herchenroeder
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Mertes
9. *Father's Occupation* Backer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

1 8 7 5 0 0 0 2 5 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Number, the Sanitary Police as to the same, and to any person who shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 20 April 2 '95
4. *Place of Birth, (Street and Number)* N Gay St
5. *Full Name of Mother,* Rosa Heck
6. *Mother's Maiden Name,* " Schwanburger
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Edward Heck
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Muller

Address, 1605 Madison St

Remarks,

, 8 9 5 0 0 0 2 5 7 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

64933

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3rd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, April 2nd 95
4. Place of Birth, (Street and Number) 2107 Gamby Street
5. Full Name of Mother, Alice Williams
6. Mother's Maiden Name, ?
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Williams
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M. D.

Address, The Johns Hopkins Hospital.

Remarks,

18950002578

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 2 — 1895
4. *Place of Birth, (Street and Number)* 2009 Canton Ave.
5. *Full Name of Mother,* Mary Amie Ditschler
6. *Mother's Maiden Name,* Vogelgesang
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Adam Ditschler
9. *Father's Occupation* Harness Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E. Pratt St.

Remarks,

1895 00 02579

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RETURN OF A BIRTH. 64935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* April 2
4. *Place of Birth, (Street and Number)* 629 Portland St
5. *Full Name of Mother,* Agusta Reames
6. *Mother's Maiden Name,* C. Koppersbergers
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Reames
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm. M. Finch

Address, 800 Ladenhall St

Remarks,

8950002580

Wm. J. C. Dulany Co,. City Printers and Stationers.

be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 2/95
4. *Place of Birth, (Street and Number)* 723 S. Ann Str.
5. *Full Name of Mother,* Margaretha Kurzyneki
6. *Mother's Maiden Name,* " Stroke
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Judian Kurzyneki
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Diesenhofer

Address, 2225 Gough Str.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-21-59

RETURN OF A BIRTH. 64937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frederick Wells

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April the 2 18 95
4. Place of Birth, (Street and Number) Drive St No 2 n 3
5. Full Name of Mother, Mary wells
6. Mother's Maiden Name, Mary medforth
7. Mother's Birthplace, England
8. Full Name of Father, Alfred wells
9. Father's Occupation assistant Superintendent life insurance
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, mrs D Kelley

Address, No 1922 William Ave

Remarks,

8Y5000 2582

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 2, 95
4. *Place of Birth, (Street and Number)* Maternité Hospital, 115 W Lombard St
5. *Full Name of Mother,* Mary Ann Muller
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Unknown
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, Alfred J. Gundry M.D.

Address, 115 W Lombard St

Remarks,

3 9 5 0 0 0 2 5 8 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) XI

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 3/95
4. Place of Birth, (Street and Number) 2011 Canton Ave.
5. Full Name of Mother, Kathie Mueller
6. Mother's Maiden Name, " Kiernan
7. Mother's Birthplace, Germany
8. Full Name of Father, John Mueller
9. Father's Occupation Cook
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8950025584

Wm. J. C. Dulany Co., City Printers and Stationers.

64940

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hazel Schauman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 3, 1895
4. *Place of Birth, (Street and Number)* 1509 Edmondson Ave.
5. *Full Name of Mother,* Teresa E. Schauman.
6. *Mother's Maiden Name,* Teresa E. Johnson.
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Albert Schauman
9. *Father's Occupation,* Flour + Commission Merchant.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke, M.D.

Address, 914 St. Charles St.

Remarks, GIVEN NAME ADDED 6-19-52

8950002585

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second —
1. *Sex, (state whether male or female)*	Female —
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 3d 1895
4. *Place of Birth, (Street and Number)*	620 Mosher St
5. *Full Name of Mother,*	Sarah Preston
6. *Mother's Maiden Name,*	Logan
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	George Preston
9. *Father's Occupation*	Hod Carrier
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	W. Ben. Hawkins
Address,	1044 Pennsylvania Ave
Remarks,	

8950002586

Wm. J. C. Dulany Co., City Printers and Stationers

occupation of its parents, the date and place of birth; and the
e practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
ter it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
ail to comply with the provisions of this section shall be sub-
, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and
said schedule shall be delivered, duly signed by the
third day of each and every month to the office of
shall occur without the attendance of a physician
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of
any such person or persons who shall hereafter
jected to the fine of ten (10) dollars for each offence,

RETURN OF A BIRTH. 64942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 3, 95
4. Place of Birth, (Street and Number) Maternité Hospital, 115 W Lombard St
5. Full Name of Mother, Mary Fisher
6. Mother's Maiden Name, "
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. Alfred F. Sunday M.D.
115 W Lombard St

Address,

Remarks,

8 9 5 0 0 0 2 5 8 7

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 4/95
4. Place of Birth, (Street and Number) 2613 Eastern Ave.
5. Full Name of Mother, Estella Reinisch
6. Mother's Maiden Name, " Givens
7. Mother's Birthplace, Balto.
8. Full Name of Father, Harry Reinisch
9. Father's Occupation Inspector
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

1895000025888

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the said city, the midwife, or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 April 1895
4. *Place of Birth, (Street and Number)* 1618 Bond st
5. *Full Name of Mother,* Isaac Fisher
6. *Mother's Maiden Name,* Kelly
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Adam Fisher
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E F Brooks

Address, 829 Lombard

Remarks, Dr Hill

8950002589

Wm J C. Dulany Co., City Printers and Stationers.

Name, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 4/95
4. *Place of Birth, (Street and Number)* 2500 Canton Ave.
5. *Full Name of Mother,* Kathie Dittmar
6. *Mother's Maiden Name,* " Schaberlein
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Dittmar
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

1895000025900

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 5 95
4. *Place of Birth, (Street and Number)* 117 E. Patterson Park Ave.
5. *Full Name of Mother,* Maggie Scheeler
6. *Mother's Maiden Name,* " Willson
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Fred. Scheeler
9. *Father's Occupation* Ingineer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 2225 Gough St.

Remarks,

1 8 9 5 0 0 0 2 5 9 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 5 95
4. *Place of Birth, (Street and Number)* 1125 E. Monument St.
5. *Full Name of Mother,* Annie M. Stouffer
6. *Mother's Maiden Name,* Brown
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Jno. W. Stouffer
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace,* Dayton Ohio

Name of Medical Attendant, or other person who makes this Return. C. H. Christian M.D.

Address, 1501 Madison Ave.

Remarks,

1895000 2592

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 5th
4. *Place of Birth, (Street and Number)* Winter st. 126
5. *Full Name of Mother,* Josephine Scanlon
6. *Mother's Maiden Name,* " Price
7. *Mother's Birthplace,* Philadelphia Pa
8. *Full Name of Father,* John F. Scanlon
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Balto, Md

Name of Medical Attendant, or other person who makes this Return, Catherine Mannick

Address, 100 Lexington St

Remarks,

8950002593

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 64 949

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 5 - 1895 -

4. *Place of Birth, (Street and Number)* No 217 East Lombard St

5. *Full Name of Mother,* Louisa Langrall

6. *Mother's Maiden Name,* Louisa Cooper

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,* Lee Langrall

9. *Father's Occupation,* Oyster Packer

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. Dr C Benjamin

Address, 128 N Broadway

Remarks,

8950002594

JOHN B. DIET, PRINTER & STATIONER, BALT.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 5, 1895.
4. *Place of Birth, (Street and Number)* 338 Elmora ave.
5. *Full Name of Mother,* Ida May Collins Davis.
6. *Mother's Maiden Name,* Md.
7. *Mother's Birthplace,*
8. *Full Name of Father,* James E. Collins.
9. *Father's Occupation* Stone-Cutter.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. N. Kilduff M.D.

Address, 291 Chestnut ave.

Remarks,

8950002595

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 6th 95
4. *Place of Birth, (Street and Number)* 612 Hanover Ave
5. *Full Name of Mother,* Annie B. Evans
6. *Mother's Maiden Name,* Lindsey
7. *Mother's Birthplace,* West Virginia
8. *Full Name of Father,* Lee M. Evans
9. *Father's Occupation* Commission Merchant
10. *Father's Birthplace,* West Virginia

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Edwards

Address, 1811 Madison Ave

Remarks,

8950002596

Health. This schedule shall contain a list of the births which
month, and shall set forth as far as the same can be ascertained
been conferred) its sex, color, the full name and occupation of it
said schedule shall be delivered, duly signed by the practitioner i
third day of each and every month to the office of the Commiss
shall occur without the attendance of a physician or practioner
attendance upon the mother, immediately thereafter it shall bec
child to report its birth to the Commissioner of Health, in the ma
any such person or persons who shall hereafter fail to comply wi
jected to the fine of ten (10) dollars for each offence, to be recover

which have occurred since the first day
tained the full name of each child, (if any shall have
on of its parents, the date and place of birth; and the
ioner in the form of a certificate between the first and
ommissioner of Health. In case the birth of any child
tioner of midwifery, or should no other person be in
all become the duty of the person or parents of such
the manner and within the period above required, and
ply with the provisions of this section shall be sub-
recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April the 6 - 18 - 95
4. *Place of Birth, (Street and Number)*	Addison alley N 1014
5. *Full Name of Mother,*	Mary Lambeck
6. *Mother's Maiden Name,*	Mary Hettinger
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Andrew Lambeck
9. *Father's Occupation*	Boiler maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs F Talley
Address,	No 1922 Wilkins ave
Remarks,	

6 9 5 0 0 0 2 5 9 7

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6 April
4. *Place of Birth, (Street and Number)* 303 N Eden St
5. *Full Name of Mother,* Mollie A Bauer
6. *Mother's Maiden Name,* Koethen
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John D Bauer
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs B Wise

Address, 1302 E Lexington St

Remarks,

8750002598

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6th April 1899
4. *Place of Birth, (Street and Number)* 1731 Light St
5. *Full Name of Mother,* Ella Mortimer Fogle
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Mortimer
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell

Address, 436 E Fort Ave

Remarks,

8 9 5 0 0 0 2 5 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 6/95
4. *Place of Birth, (Street and Number)* 518 S. Cannon Ste.
5. *Full Name of Mother,* Maggie Cumberland
6. *Mother's Maiden Name,* " Keller
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Henry Cumberland
9. *Father's Occupation* Cannmaker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St

Remarks,

8950002600

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 6/95
4. *Place of Birth, (Street and Number)* 520 S. Bond Ste.
5. *Full Name of Mother,* Maggie Holland
6. *Mother's Maiden Name,* " Hoffman
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Harry J. Holland
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Leisenhofer

Address, 2225 Gough Ste.

Remarks,

8 4 5 0 0 0 2 6 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 6 April 1894

4. *Place of Birth, (Street and Number)* 922 Gilmor st

5. *Full Name of Mother,* Iggie Leicke

6. *Mother's Maiden Name,* E. Burns

7. *Mother's Birthplace,* Pa

8. *Full Name of Father,* Philip Leicke

9. *Father's Occupation* Labor

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs E K Burke

Address, 922 Gilmor st

Remarks, Born Well

8950002602

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-26-57

RETURN OF A BIRTH. 64958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Jennie May ~~Dalton~~ Third
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	6 April 1895
4. Place of Birth, (Street and Number)	3107 S Dorsett St
5. Full Name of Mother,	Florence May Dipton.
6. Mother's Maiden Name,	U.S.A.
7. Mother's Birthplace,	Thomas Jefferson Galleon
8. Full Name of Father,	Conductor B & O R R.
9. Father's Occupation	U.S.A.
10. Father's Birthplace,	E J McCann MD
Name of Medical Attendant, or other person who makes this Return,	1124 Chesapeake St
Address,	
Remarks,	

8950002603

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6 April
4. *Place of Birth, (Street and Number)* 119 S Haigh St
5. *Full Name of Mother,* Mary Pollack
6. *Mother's Maiden Name,* Mentisky
7. *Mother's Birthplace,* Odessa Russia
8. *Full Name of Father,* Joseph Pollack
9. *Father's Occupation* Cap maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs R Ulrich

Address, 1302 E Lexington St

Remarks,

8 9 5 0 0 0 2 6 0 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 7th 1895
4. *Place of Birth, (Street and Number)* 245 Laurens St
5. *Full Name of Mother,* Eliza A Richardson
6. *Mother's Maiden Name,* Bowerman
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Wm H Richardson
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Howard Co Md

Name of Medical Attendant, or other person who makes this Return, Chas E Sadtler M D

Address, 1839 Bolton St

Remarks,

8950002605

Wm J C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 April
4. *Place of Birth, (Street and Number)* 1506 Hanover St
5. *Full Name of Mother,* Elizabeth Hardegen
6. *Mother's Maiden Name,* Elizabeth Bailey
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Lambert Fidelis Hardegen
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Baviere, Germany

Name of Medical Attendant, or other person who makes this Return, Wm & A Keirles

Address, 1525 Light St

Remarks, Exempt Well

8 9 5 0 0 0 2 6 0 6

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 64963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 7th of April

4. *Place of Birth, (Street and Number)* Baltimore # 1176 Hanbicoke St

5. *Full Name of Mother,* Katie Troger

6. *Mother's Maiden Name,* Katie Wernwartz

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Carol Troger

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Bavaria. Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kesten

Address, 1005 W Lees St

Remarks,

0750002607

Wm. J. C. Dulany Co., City Printers and Stationers.

this month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64963 v

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether* 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 7 1895
4. *Place of Birth, (Street and Number)* 111 E Fayette Ave
5. *Full Name of Mother,* Carrie W. Chesney
6. *Mother's Maiden Name,* " " Polp
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* James K. Chesney
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N Bond St

Remarks,

8 9 5 0 0 0 2 6 0 8

Been collected its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April the 7 1895
4. *Place of Birth, (Street and Number)*	Mount St No 2 17
5. *Full Name of Mother,*	Kate L Baymount
6. *Mother's Maiden Name,*	Kate L Goldsmith
7. *Mother's Birthplace,*	Kent Co Md
8. *Full Name of Father,*	george E Baymount
9. *Father's Occupation*	Electrisioner
10. *Father's Birthplace,*	Baltimore Co Md
Name of Medical Attendant, or other person who makes this Return,	Mrs L Kelly
Address,	No 1922 William ave
Remarks,	

6 9 5 0 0 0 2 6 0 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 64965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 7, 1895.
4. *Place of Birth, (Street and Number)* 65 Brick Hill, Catherman
5. *Full Name of Mother,* Emma Olivia Parker.
6. *Mother's Maiden Name,* Bell.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* William Ulysses Parker.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. Chas. A. Mulvihill M.D.

Address, 291 Chestnut ave.

Remarks,

1895 0 0 0 2 6 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

and occupation of its parents, the date and place of birth; and the
by the practitioner in the form of a certificate between the first and
office of the Commissioner of Health. In case the birth of any child
sician or practioner of midwifery, or should no other person be in
hereafter it shall become the duty of the person or parents of such
of Health, in the manner and within the period above required, and
er fail to comply with the provisions of this section shall be sub-
ffence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr 7 95
4. *Place of Birth, (Street and Number)* ~~432 Hanover~~ 532 E Lexington St.
5. *Full Name of Mother,* Lucie C. Frederick Gorsuch
6. *Mother's Maiden Name,* " " Shoemaker.
7. *Mother's Birthplace,* Phila Pa
8. *Full Name of Father,* Geo R. Gorsuch
9. *Father's Occupation* Clerk.
10. *Father's Birthplace,* Balto Co.

Name of Medical Attendant, or other person who makes this Return. H B Rogers MD

Address, 700 E. Chase St.

Remarks,

8950002611

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64967 ✓

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 7/95
4. *Place of Birth, (Street and Number)* 228 S. Chappel Sts.
5. *Full Name of Mother,* Elizabeth Fuedel
6. *Mother's Maiden Name,* " Fuchs
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fred. Fuedel
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 2225 Gough St

Remarks,

E 75 0 0 0 2 6 1 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 8 1895
4. *Place of Birth, (Street and Number)* 10 Beverly Rd
5. *Full Name of Mother,* Hattie A Battenfeld
6. *Mother's Maiden Name,* " Barnes
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William B Battenfeld
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E L Ennis

Address, 208 Gale St

Remarks, Born Well

8950002613

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 8 April
4. *Place of Birth, (Street and Number)* 504 Shaft St
5. *Full Name of Mother,* Mary Baulding Bowen
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm Baulding
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs R Miller

Address, 1902 E Lexington

Remarks,

8950002614

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the period above required, and it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 8/95
4. *Place of Birth, (Street and Number)* 2003 E. Lombard Str.
5. *Full Name of Mother,* Amalie Link
6. *Mother's Maiden Name,* " Balzer
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Bernhardt Link
9. *Father's Occupation* Cigarmfgr.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

8 5 5 0 0 0 2 6 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each and every child born within the district of its parents, the date and place of birth; and the name or names conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 8 — 1895
4. *Place of Birth, (Street and Number)* 1219 Bank St.
5. *Full Name of Mother,* Mary Train
6. *Mother's Maiden Name,* Brady
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Train
9. *Father's Occupation* Plumber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1919 E. Baltimore St.

Remarks,

0950002616

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64972 v

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether ~~male~~ or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 8
4. *Place of Birth, (Street and Number)* 213 Lanvale St.
5. *Full Name of Mother,* Maggie Graffin
6. *Mother's Maiden Name,* " Bergman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Conrad Graffin
9. *Father's Occupation* Cabinetmaker
10. *Father's Birthplace,* Switz

Name of Medical Attendant, or other person who makes this Return, Catherine Klunch

Address, 320 Leadenhall St

Remarks,

8950002617

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* April 8th 1895
4. *Place of Birth, (Street and Number)* york st 1113
5. *Full Name of Mother,* Jane Laurence
6. *Mother's Maiden Name,* Jane Williams
7. *Mother's Birthplace,* Queenmack Co Jeaunty
8. *Full Name of Father,* Henry Williams
9. *Father's Occupation* labour
10. *Father's Birthplace,* Marechurette

Name of Medical Attendant, or other person who makes this Return, carral Jane Wilson

Address, 134 west Fluvey st

Remarks, full 9 months

B 9 5 0 0 0 2 6 1 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

SAFETY FILM

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64 974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 8, 95
4. Place of Birth, (Street and Number) Maternity Hospital, 115 W Lombard St
5. Full Name of Mother, Jennie Gross
6. Mother's Maiden Name, Unknown
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Alfred J. Dunday M.D.

Address, 115 W Lombard St.

Remarks,

8 9 5 0 0 0 2 6 1 9

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-4-57

64975

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Blanche Minnick McCullough.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 9 - 95
4. Place of Birth, (Street and Number) 1207 E Monument
5. Full Name of Mother, Emma Mc Cullough
6. Mother's Maiden Name, Schreeve
7. Mother's Birthplace, Balto
8. Full Name of Father, John Mc Cullough
9. Father's Occupation, Paper Hanger
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N Bond

Remarks,

8950002620

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born May 9th 1895
4. *Place of Birth, (Street and Number)*	# 1824 Mc. Henry
5. *Full Name of Mother,*	Mrs. Mary Holder
6. *Mother's Maiden Name,*	Miss. " Kahler
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Henry Holder
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hiller
Address,	# 2008 Mc. Henry St
Remarks,	

6950002621

Wm. J. C. Dulany Co., City Printers and Stationers.

...ilth parents, the date and place of birth; and the ...ir in the form of a certificate between the first and ...issioner of Health. In case the birth of any child ...er of midwifery, or should no other person be in ...become the duty of the person or parents of such ...manner and within the period above required, and ...with the provisions of this section shall be sub- ...ered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 9th, 1900
4. *Place of Birth, (Street and Number)* 1533 N Fulton Ave
5. *Full Name of Mother,* Lillie Mansdorfer
6. *Mother's Maiden Name,* Cramer
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Geo Mansdorfer
9. *Father's Occupation,* Plumber
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Chas E Sadler MD

Address,

Remarks,

8950002622

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of its parents, the date and place of birth; and the
ner in the form of a certificate between the first and
missioner of Health. In case the birth of any child
said schedule shall be delivered, duly signed by the practitioner in charge of the Commissioner's office
third day of each and every month to the office of the Commissioner of Health. In case the birth of such
shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64 9784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 9 April
4. *Place of Birth, (Street and Number)* 14 S Washington
5. *Full Name of Mother,* Blanch Kraus
6. *Mother's Maiden Name,* Roche
7. *Mother's Birthplace,* Balto. Co.
8. *Full Name of Father,* Adam Kraus
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs R Ulrich

Address, 1302 E Lexington St

Remarks,

' 8 9 5 0 0 0 6 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 9, 1896.

4. *Place of Birth, (Street and Number)* 3104 Cedar ave.

5. *Full Name of Mother,* Amanda Clara Miller.

6. *Mother's Maiden Name,* Appleby.

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,* William Albert Miller.

9. *Father's Occupation* Electrician.

10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8 9 5 0 0 0 2 6 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr 9 95.
4. *Place of Birth, (Street and Number)* 610 St Joseph St.
5. *Full Name of Mother,* Ellen Brooks Foley.
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Thomas Brooks
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Dr R Perry MD

Address, 900 E Chase St.

Remarks,

8 9 5 U 0 0 2 6 2 5

been contained its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64 981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, April 9-95
4. Place of Birth, (Street and Number) 2125 Division Street
5. Full Name of Mother, Lucy Harvey
6. Mother's Maiden Name, Lucy Harvey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, C.)
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M.D.

Address, The Johns Hopkins Hospital

Remarks,

8 7 5 0 0 0 2 6 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64982 4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 April 1895
4. *Place of Birth, (Street and Number)* 1444 Patapsco St
5. *Full Name of Mother,* Mary E. Liebenstein
6. *Mother's Maiden Name,* [illegible] Krause
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles Liebenstein
9. *Father's Occupation,* Carpenter B & O R R
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E A Brooks

Address, 1808 Robb St

Remarks, Dang Well

' 8 9 5 0 0 0 2 6 2 7

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 10th 1895
4. *Place of Birth, (Street and Number)*	Bruce st abv 3-24
5. *Full Name of Mother,*	Kaley McFarland
6. *Mother's Maiden Name,*	Kaley McBosley
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James McFarland
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs D Kaley
Address,	1922 Wilkins Ave
Remarks,	

8 9 5 0 0 0 2 6 2 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 64984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 10th April 189[illegible]
4. *Place of Birth, (Street and Number)* 1508 Boyle St
5. *Full Name of Mother,* Mary Ann Sowman
6. *Mother's Maiden Name,* Bell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lillie Sowman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* A.A. Co. Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Agnew

Address, 436 E Fort Ave

Remarks,

8 7 5 0 0 0 6 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

...on of its parents, the date and place of birth; and the ...tioner in the form of a certificate between the first and ...ommissioner of Health. In case the birth of any child ...tioner of midwifery, or should no other person be in ...all become the duty of the person or parents of such ...the manner and within the period above required, and ...ply with the provisions of this section shall be sub- ...ecovered as other fines and forfeitures are recoverable.

...ner, the full name and occupation of its ...said schedule shall be delivered, duly signed by the practitioner in ...third day of each and every month to the office of the Commis- ...shall occur without the attendance of a physician or practitioner ...attendance upon the mother, immediately thereafter it shall bec... ...child to report its birth to the Commissioner of Health, in the ma... ...any such person or persons who shall hereafter fail to comply wi... ...jected to the fine of ten (10) dollars for each offence, to be recover...

CERTIFICATE CORRECTED 1-13-58

RETURN OF A BIRTH. 64985 V

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Robert ~~Gibson~~ Baldwin 6

1. Sex, (state whether male or female) ~~first~~ Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, april 11th 10-1895
4. Place of Birth, (Street and Number) Register St No 407
5. Full Name of Mother, Mary E Baldwin
6. Mother's Maiden Name, Mary E morrow
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William T Baldwin
9. Father's Occupation Laborer
10. Father's Birthplace, Anderson Ld EC. Ld

Name of Medical Attendant, or other person who makes this Return, Mrs S Keller

Address, No 1922 William Ave

Remarks,

8950002630

been registered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 64 986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April the 10 - 1895
4. *Place of Birth, (Street and Number)* Lexington St No 14-7
5. *Full Name of Mother,* Louisa Taylor
6. *Mother's Maiden Name,* Louisa anderson
7. *Mother's Birthplace,* Anderundel Co Md
8. *Full Name of Father,* Thomas F Taylor
9. *Father's Occupation* Sales man
10. *Father's Birthplace,* Annapolis

Name of Medical Attendant, or other person who makes this Return, Mrs E S Kelley

Address, No 1922 Wilkins Ave

Remarks,

8950002631

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 64987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 10 18 95
4. *Place of Birth, (Street and Number)* 1232 Beech av Balt
5. *Full Name of Mother,* Susan R reades
6. *Mother's Maiden Name,* Bryan
7. *Mother's Birthplace,* Baltimore Co
8. *Full Name of Father,* James T Reades
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Prince William co Va

Name of Medical Attendant, or other person who makes this Return, Martha E E King

Address, 575 Fulton av Baltimore Md

Remarks,

8950002632

Wm. J. C. Dulany Co., City Printers and Stationers.

Birth Certificate its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 64988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Herman Henry Janzen 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 10th 1855
4. Place of Birth, (Street and Number) 2414 Hudson st
5. Full Name of Mother, Ida Janzen
6. Mother's Maiden Name, " Ay
7. Mother's Birthplace, Germany
8. Full Name of Father, Herman Janzen
9. Father's Occupation, Mariner
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. H. K. Schwatka M.D.

Address, 2429 Fait Av

Remarks,

8950002633

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 64989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, aprile 11 1899
4. Place of Birth, (Street and Number) 248 Cedar avenue
5. Full Name of Mother, Maggie Winkes Wells
6. Mother's Maiden Name, Howard Co Md
7. Mother's Birthplace, Howard Co Md
8. Full Name of Father, Thomas Winks
9. Father's Occupation Laborer
10. Father's Birthplace, Balt City

Name of Medical Attendant, or other person who makes this Return, Mrs Mary a Martin

Address, 2804 Cedar avenue

Remarks, 8950002634

Wm. J. C. Dulany Co., City Printers and Stationers

...ed the full name of each child, if any shall have ...ntioned, the sex and color of each child, the full name of ...ts parents, the date and place of birth; and the ...r in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner in the ...third day of each and every month to the office of the Commissioner of ...shall occur without the attendance of a physician or practitioner of ...attendance upon the mother, immediately thereafter it shall become ...child to report its birth to the Commissioner of Health, in the manner ...any such person or persons who shall hereafter fail to comply with the ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 11 1895

4. *Place of Birth, (Street and Number)* 1426 Battery ave

5. *Full Name of Mother,* Florence Stevens

6. *Mother's Maiden Name,* Saddler

7. *Mother's Birthplace,* Washington D C

8. *Full Name of Father,* William H Stevens

9. *Father's Occupation* Patrolman

10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other person who makes this Return, Mrs A E Brooks

Address, 1502 Light st

Remarks, Dave Well

8950002635

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64 991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 April 1895
4. *Place of Birth, (Street and Number)* 1762 Lanvale
5. *Full Name of Mother,* Mary Simon
6. *Mother's Maiden Name,* Garrity
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Bernard Simon
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm L. Brooks

Address, 1220 Lake ave

Remarks, Dup Shell

8 7 5 0 0 0 2 6 3 6

Wm J C. Dulany Co., City Printers and Stationers.

ascertained the full name of each child, (if any shall have
tion of its parents, the date and place of birth; and the
titioner in the form of a certificate between the first and
mmissioner of Health. In case the birth of any child
actitioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
in the manner and within the period above required, and
comply with the provisions of this section shall be sub-
recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertain
been conferred) its sex, color, the full name and occupation of
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commiss
shall occur without the attendance of a physician or practition
attendance upon the mother, immediately thereafter it shall b
child to report its birth to the Commissioner of Health, in the m
any such person or persons who shall hereafter fail to comply
jected to the fine of ten (10) dollars for each offence, to be recove

RETURN OF A BIRTH. 64992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 April 1895
4. *Place of Birth, (Street and Number)* 519 N. Charles
5. *Full Name of Mother,* Ada M. Broders
6. *Mother's Maiden Name,* Johnson
7. *Mother's Birthplace,* Talbot Co Md
8. *Full Name of Father,* Sydney A. Broders
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace,* Near Easton Md

Name of Medical Attendant, or other person who makes this Return. Dr. Lobo

Address, Penn Hall

Remarks, 6950002637

Wm. J. C. Dulany Co., City Printers and Stationers.

Return of the birth of each child, (if any shall have been conferred) its sex, color, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or practitioner in attendance upon the mother, or in case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* M Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 13 of April 1896
4. *Place of Birth, (Street and Number)* 643 W. Pratt St Baltimore
5. *Full Name of Mother,* Marya Christine Brüggemann
6. *Mother's Maiden Name,* Mary Leimbach
7. *Mother's Birthplace,* City of Baltimore
8. *Full Name of Father,* Carl Christian Friedrich Brüggemann
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Osdorf bei Celle Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

0 9 5 0 0 0 2 6 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr. 13/95
4. Place of Birth, (Street and Number) 1943 Penna Av
5. Full Name of Mother, Mary E. Worden
6. Mother's Maiden Name, Mary E. Kone
7. Mother's Birthplace, Indiana
8. Full Name of Father, Nat. E. Worden
9. Father's Occupation, Conductor (PRR Co)
10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return, J C Pole

Address, 2038 Madison Av

Remarks,

B 9 5 0 0 0 2 6 3 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 64995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5d

1. *Sex, (state whether male or female)* Male Robert

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 14 day of April

4. *Place of Birth, (Street and Number)* 1721 Hoke Street

5. *Full Name of Mother,* Ema Bamberger

6. *Mother's Maiden Name,* Ema Knot

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Robert P Bamberger

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Fred Miller

Address, 1600 Hillcrook St City

Remarks,

8 9 5 0 0 0 2 6 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 15 1895
4. *Place of Birth, (Street and Number)* 602 Rose St.
5. *Full Name of Mother,* Gertilda Smith
6. *Mother's Maiden Name,* Gertilda Shaw
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Frederick Smith
9. *Father's Occupation* Boiler maker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Chas L Sawyer

Address, 834 Canton Av.

Remarks,

8 9 5 0 0 0 2 6 4 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 6499 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 15th
4. Place of Birth, (Street and Number) 1109 Race St
5. Full Name of Mother, Mary E Backer.
6. Mother's Maiden Name, Mary E. Stuart
7. Mother's Birthplace, Balto Md
8. Full Name of Father, August Backer
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, G. W. Hammerbacher M.D.

Address, 1034 Leadenhall St

Remarks,

'8950002642

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 15 — 1895
4. *Place of Birth, (Street and Number)* 914 Orwin St.
5. *Full Name of Mother,* Barbara Lumsaen
6. *Mother's Maiden Name,* Kirschbaum
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Lumsaen
9. *Father's Occupation* Supt. Ice City
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Quinn

Address, 1429 E. Pratt St.

Remarks,

8950002643

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

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RETURN OF A BIRTH. 64999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 15/95
4. *Place of Birth, (Street and Number)*	640 S. Montford Ave.
5. *Full Name of Mother,*	Martha Appels Mueller
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Louis H. Appels
9. *Father's Occupation*	Tinner
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Deisenhofer
Address,	2225 Gough St.
Remarks,	

1 8 9 5 0 0 0 2 6 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-20-55

RETURN OF A BIRTH. 65000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Grace Lee Jones

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 15 / 25
4. Place of Birth, (Street and Number) 841 S. Poca. St.
5. Full Name of Mother, Lizzie L Jones
6. Mother's Maiden Name, Harris
7. Mother's Birthplace, Calvert Co Md
8. Full Name of Father, Samuel I Jones
9. Father's Occupation Laborer
10. Father's Birthplace, Anna Arundell Co. Md

Name of Medical Attendant, or other person who makes this Return, Thos M. Lumpkin M.D.

Address, 412 S. Poca St.

Remarks,

6 6 5 0 0 0 2 6 4 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 15 - 1895
4. *Place of Birth, (Street and Number)* Port St.
5. *Full Name of Mother,* Johanne Speiser
6. *Mother's Maiden Name,* Meyer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Gustav Speiser
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 421 E. Pratt St.

Remarks,

' 8950002646

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 65002 4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) H

1. *Sex, (state whether male or female)* male
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* April 15th 1900
4. *Place of Birth, (Street and Number)* 1612 Mc
5. *Full Name of Mother,* Fannie Stevenson
6. *Mother's Maiden Name.* Fannie Turner
7. *Mother's Birthplace,* Washington D.C
8. *Full Name of Father,* John Stevenson
9. *Father's Occupation,* Rail road laborer
10. *Father's Birthplace,* Annapolis Md.

Name of Medical Attendant, or other person who makes this Return. Wm F Miller M.D

Address, Waverly Baltimore

Remarks, Child living at birth

8 9 5 0 0 0 2 6 4 7

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 65003 V

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 9 9 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 15th
4. *Place of Birth, (Street and Number)* 1032 Lemmon Ave
5. *Full Name of Mother* Alice Marshall
6. *Mother's Maiden Name,* Alice McDonnell
7. *Mother's Birthplace,* Wash. D C
8. *Full Name of Father,* Wm. E. Marshall Jr.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Bourgeau Ky.

Name of Medical Attendant, or other person who makes this Return, S. H. Hammerbacher M.D.

Address, 1034 Lemmon Ave

Remarks,

1895 0002648

Wm. J. C. Dulany Co., City Printers and Stationers.

Name of Child, if any shall have been given, and the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Albert Byrne

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Mal
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 6 [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* Sarah Emma Annora Byrne
6. *Mother's Maiden Name,* Storey
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Francis Byrne
9. *Father's Occupation* Trunk Manufacture
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Bro & Lt C Brooks

Address, [illegible]

Remarks, Dang Well

8 9 5 0 0 0 2 6 4 9

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 6 1895
4. Place of Birth, (Street and Number) 132 E. Cross St
5. Full Name of Mother, Elizabeth Barryman
6. Mother's Maiden Name, Cook
7. Mother's Birthplace, Balto
8. Full Name of Father, Jos E. Barryman
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto Co MD

Name of Medical Attendant, or other person who makes this Return, Mrs C L Brooks

Address, 1522 Lydia St

Remarks, Corp Mill

8950002650

Wm J C. Dulany Co., City Printers and Stationers.

To ascertain the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

d occupation of its parents, the date and place of birth; and the
the practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the physician or
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
ce of the Commissioner of Health.
ian or practioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
reafter it shall become the duty of the person or parents of such
attendance upon the mother, immediately thereafter
Health, in the manner and within the period above required, and
child to report its birth to the Commissioner of Health in the manner and within the period above required, and
fail to comply with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
nce, to be recovered as other fines and forfeitures are recoverable.
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) X

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 16/95
4. *Place of Birth, (Street and Number)* 514 S. Cannon Str.
5. *Full Name of Mother,* Maggie Weidenman
6. *Mother's Maiden Name,* " Trauchele
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Herman Weideman
9. *Father's Occupation* Laberer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Heisenhofer

Address, 2225 Gough Str.

Remarks,

8 5 0 0 6 2 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 16 1895
4. *Place of Birth, (Street and Number)* 23 S. Dallas St.
5. *Full Name of Mother,* Christina Farber
6. *Mother's Maiden Name,* Wachter
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Farber
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8 7 5 0 0 0 2 6 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 4-20-60

RETURN OF A BIRTH. 66008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Florence Edna Bradford

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 16, 1895.
4. Place of Birth, (Street and Number) 418 Turner Place.
5. Full Name of Mother, Blanche Etta Rose Bradford.
6. Mother's Maiden Name, Wasimer.
7. Mother's Birthplace, Md.
8. Full Name of Father, John William Bradford.
9. Father's Occupation Railroader.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut Ave.

Remarks,

1895 0 0 2653.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 17 1895
4. *Place of Birth, (Street and Number)* 222 S. Dallas St.
5. *Full Name of Mother,* Mary Robertson
6. *Mother's Maiden Name,* Lee
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Robertson
9. *Father's Occupation* Bar Tender
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1127 E. Pratt St.

Remarks,

1895 0002654

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 65010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 17-95
4. Place of Birth, (Street and Number) 605 N. Chapel St
5. Full Name of Mother, Rosa A. Gray
6. Mother's Maiden Name, Woolen
7. Mother's Birthplace, Balto
8. Full Name of Father, John L. Gray
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N. Bond

Remarks,

8 9 5 0 0 0 2 6 5 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 17th 1895
4. Place of Birth, (Street and Number) 1101 Paturent, Balto. Md.
5. Full Name of Mother, Lizzie Wieman
6. Mother's Maiden Name, Lizzie Ulrich
7. Mother's Birthplace, Balto Md
8. Full Name of Father, George Wieman
9. Father's Occupation, Tanmaker
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Anne L. Kubach

Address, 2838 Elliott st Balto

Remarks,

8950002656

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 17 April 1895

4. Place of Birth, (Street and Number) 422 Wehage St Balto.

5. Full Name of Mother, Maiden Hermina Peters

6. Mother's Maiden Name, Full Hermina Heidzeik

7. Mother's Birthplace, Germany

8. Full Name of Father, Frank Heidzeik

9. Father's Occupation Salesman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Catherine [illegible]

Address, [illegible]

Remarks,

1895 U 0 0 2 6 5 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 17, 1895.
4. *Place of Birth, (Street and Number)*	37 Railroad ave.
5. *Full Name of Mother,*	Annie May Davis.
6. *Mother's Maiden Name,*	Allerton.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Samuel Henry Davis
9. *Father's Occupation*	Watchman.
10. *Father's Birthplace,*	Washington D. C.
Name of Medical Attendant, or other person who makes this Return,	Chas H. Mitchell M. D.
Address,	291 Chestnut ave.
Remarks,	1895 0003658

month, and shall set forth as far as the same can be ascertained the (full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63 7114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 17th April 1863
4. *Place of Birth, (Street and Number)* 1415 Henry St
5. *Full Name of Mother,* Mary Alice Stewart
6. *Mother's Maiden Name,* Foot
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Stewart
9. *Father's Occupation* Steamboating
10. *Father's Birthplace,* St Georges Wilmington Del

Name of Medical Attendant, or other person who makes this Return, Elizabeth Agnew

Address, 436 E Fayette ave

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

6450002659

RETURN OF A BIRTH. 65015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 17 1895.
4. *Place of Birth, (Street and Number)* No. 1801 Linwood al
5. *Full Name of Mother,* Fredrica Riedel
6. *Mother's Maiden Name,* Fredrica Schafe.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Herman Riedel.
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Saxony.

Name of Medical Attendant, or other person who makes this Return, Aug. A. Odenwell M.D.

Address, 1124 Harford ave

Remarks,

B Y 5 U 0 0 2 6 6 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 3-15-60

RETURN OF A BIRTH. 65016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

LeRoy Kirsch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 17 1895.
4. Place of Birth, (Street and Number) No. 239 Harford ave.
5. Full Name of Mother, Renes Kirsch.
6. Mother's Maiden Name, Renes Costello.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick Kirsch.
9. Father's Occupation Horse Shoer.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Aug. A. Atwell M.D.

Address, 1241 Harford ave.

Remarks,

8950002661

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 18th 1895

4. Place of Birth, (Street and Number) 257 S Bond St

5. Full Name of Mother, Anna Mattson

6. Mother's Maiden Name, Graff

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, William Mattson

9. Father's Occupation Sales man.

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Wben Hawkins

Address, 411 Green & Milberry St

Remarks,

8950002662

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr 18th 05.
4. *Place of Birth, (Street and Number)* 18 N Wood St.
5. *Full Name of Mother,* Kate O Connor.
6. *Mother's Maiden Name,* Mahon
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Michael Jno O Connor
9. *Father's Occupation* Teamster
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, W B Reese MD

Address, 700 E. Chase St.

Remarks,

8950002663

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6d

1. *Sex, (state whether male or female)* Female Virgina Agnes
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18 day of April 1895.
4. *Place of Birth, (Street and Number)* 1506 McCulloh St City
5. *Full Name of Mother,* Elisabeth Ward
6. *Mother's Maiden Name,* Elisabeth Fitzpatrick
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* John Ward
9. *Father's Occupation* Brass Finisher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Lena Miller

Address, 1600 Hollrook St City

Remarks,

8950002664

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

occupation of its parents, the date and place of birth; and the
he practitioner in the form of a certificate between the first and
e of the Commissioner of Health. In case the birth of any child
an or practioner of midwifery, or should no other person be in
after it shall become the duty of the person or parents of such
ealth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
ce, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and
said schedule shall be delivered, duly signed by the
third day of each and every month to the office of the
shall occur without the attendance of a physician or
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health,
any such person or persons who shall hereafter fail to
jected to the fine of ten (10) dollars for each offence, to

RETURN OF A BIRTH. 65020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18th April 1895
4. *Place of Birth, (Street and Number)* 127 E west St
5. *Full Name of Mother,* Minnie J Lent
6. *Mother's Maiden Name,* Bromwell
7. *Mother's Birthplace,* Madison ave Dorchester Co Md
8. *Full Name of Father,* Albert Lent
9. *Father's Occupation* weigher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yeswell

Address,

Remarks,

1895 00026655

Wm. J. C. Dulany Co., City Printers and Stationers.

one

RETURN OF A BIRTH. 65021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marie Ruth ~~Pickel~~ Pickel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female) Female
2. *Race or Color*, (if not of the white race)
3. *Date of Birth*, April 18 — 1895
4. *Place of Birth*, (Street and Number) 319 S. Spring St.
5. *Full Name of Mother*, Barbara (Pikel) Pickel
6. *Mother's Maiden Name*, (Bartholmay) Bartholemae
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, John (Pikel) Pickel
9. *Father's Occupation* Maskinist
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Heine

Address 1427 E Pratt St

Remarks,

'8950002666

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 18 1895.
4. *Place of Birth, (Street and Number)* Res. 120 Harford road.
5. *Full Name of Mother,* Mary Stecher.
6. *Mother's Maiden Name,* Mary Schmidt.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Henry Stecher.
9. *Father's Occupation* Brewer.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Aug. A. Blandford M.D.

Address, 1141 Harford ave.

Remarks,

8 9 5 0 0 0 2 6 6 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

Been delivered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 18/40
4. Place of Birth, (Street and Number) Maternite Hospital, 115 W Lombard St
5. Full Name of Mother, Mrs Hanson
6. Mother's Maiden Name, "
7. Mother's Birthplace, North Carolina
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Alfred J. Gundry M.D.

Address, 115 W. Lombard St.

Remarks,

8 7 5 0 0 0 2 6 6 8

Wm J C. Dulany Co., City Printers and Stationers.

KODAK SAFETY

RETURN OF A BIRTH. 65024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 19/95
4. *Place of Birth, (Street and Number)* 122 N. Bradford Ste.
5. *Full Name of Mother,* Mary Pindell
6. *Mother's Maiden Name,* " Gillespie
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John H. Pindell
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dwiesenhofer

Address, 2225 Gough St.

Remarks,

6 7 5 0 0 0 2 6 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, April the 19 1895
4. Place of Birth, (Street and Number) [illegible] st 225
5. Full Name of Mother, virginia Chambers
6. Mother's Maiden Name, virginia smith
7. Mother's Birthplace, Baltimre
8. Full Name of Father, Perry Chambers
9. Father's Occupation labour
10. Father's Birthplace, Baltimre

Name of Medical Attendant, or other person who makes this Return, Hannah Jane Wilson

Address, 124 west Hurey st

Remarks, full 9 months

1895 0002670

Wm. J. C. Dulany Co,. City Printers and Stationers.

ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colo
3. *Date of Birth,* 19 April 1895
4. *Place of Birth, (Street and Number)* 2542 Charles St
5. *Full Name of Mother,* Clarat Smith
6. *Mother's Maiden Name,* Edwards
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Smith
9. *Father's Occupation* Engineer B.C. D.C.
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs L. A. Brooks

Address, 1828 Light St

Remarks, Living Well

8 9 5 0 0 0 2 6 7 1

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 April 1895
4. *Place of Birth, (Street and Number)* 2044 N Charles St
5. *Full Name of Mother,* Catherine B Otter
6. *Mother's Maiden Name,* " " Hendrell
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Otter
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E B Broadus

Address, 2023 Druid Pl

Remarks, Born Well

8950002672

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 19 1905
4. *Place of Birth, (Street and Number)* 618 Luzerne Str.
5. *Full Name of Mother,* Mary Gruebel
6. *Mother's Maiden Name,* Rodes
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Bernhardt Gruebel
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

1 6 7 5 0 0 0 2 6 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth & Fifth (Twins)

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, April 19-15
4. Place of Birth, (Street and Number) 923 N. Hopkins Ave
5. Full Name of Mother, Ella V. Taylor
6. Mother's Maiden Name, " " Bevans
7. Mother's Birthplace, Balto
8. Full Name of Father, Samuel L. Taylor
9. Father's Occupation, Copy Holder
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N. Bond St

Remarks,

8950002674

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED - 4/2/75

RETURN OF A BIRTH. 65030 V

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME ELLEN AMELIA WECKESSER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 19, 1895.
4. Place of Birth, (Street and Number) 32 Clipper ave.
5. Full Name of Mother, Mary A. Weckesser.
6. Mother's Maiden Name, Keller.
7. Mother's Birthplace, Md.
8. Full Name of Father, Harry E. Weckesser.
9. Father's Occupation (Mill operative.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Whitehall M.D.

Address, 291 Chestnut ave.

Remarks, Twins.

8 9 5 0 0 0 6 7 5 Filed 1895

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 19, 1896.
4. *Place of Birth, (Street and Number)*	158 Cedar ave.
5. *Full Name of Mother,*	Annie L. Arnold.
6. *Mother's Maiden Name,*	Divin.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	John T. Arnold.
9. *Father's Occupation*	Laborer.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	—

8 9 5 0 0 0 2 6 7 6

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	19 of April 1895
4. *Place of Birth, (Street and Number)*	1012 Durham st
5. *Full Name of Mother,*	Franzi Vanik
6. *Mother's Maiden Name,*	Franzi Kuderna
7. *Mother's Birthplace,*	Bohimen
8. *Full Name of Father,*	Frank Vanisk
9. *Father's Occupation*	Blaigschmid
10. *Father's Birthplace,*	Bohimen
Name of Medical Attendant, or other person who makes this Return,	Luise Svatora
Address,	1010 Durham st
Remarks,	

been conferred) its sex, color, the full name and occupation of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6 7 5 0 0 0 2 6 7 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 19/95
4. *Place of Birth, (Street and Number)* 2212 Canton Ave.
5. *Full Name of Mother,* Augusta Grotth
6. *Mother's Maiden Name,* Koenig
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Albert Groth
9. *Father's Occupation* Stevendore
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8 4 5 0 0 0 2 6 7 8

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 19 April 1895

4. *Place of Birth, (Street and Number)* 1225 Pare st

5. *Full Name of Mother,* Johana Paretofa

6. *Mother's Maiden Name,* Retsalt

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Paul Paretofa

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm. T. Sorsemon

Address, 1225 Pare. st

Remarks,

B 4 5 U 0 0 2 6 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 650352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 9th

1. *Sex*, (*state whether* ~~*male*~~ *or female*) Female.
2. *Race or Color*, (*if not of the white race*) White.
3. *Date of Birth*, 19th of April, 1895.
4. *Place of Birth*, (*Street and Number*) 2002 Ashland Ave.
5. *Full Name of Mother*, Annie M. Wood.
6. *Mother's Maiden Name*, Annie M. Cohee.
7. *Mother's Birthplace*, Delaware.
8. *Full Name of Father*, S. J. P. Wood.
9. *Father's Occupation*, Insurance Collector
10. *Father's Birthplace*, Virginia

Name of Medical Attendant, or other person who makes this Return. John N. Lowman M.D.

Address, 2014 E. North Ave.

Remarks,

8750002680

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RETURN OF A BIRTH. 65036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 20 — 1895
4. *Place of Birth, (Street and Number)* 327 S. Bond
5. *Full Name of Mother,* Maggie Moguaid
6. *Mother's Maiden Name,* Byrne
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Vincent Leo Moguaid
9. *Father's Occupation* Box Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E Fratt St.

Remarks,

8 7 5 U U U 2 6 8 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 65037 V

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 20, 1895.
4. *Place of Birth, (Street and Number)* 933 Bunsay St.
5. *Full Name of Mother,* Maggie Lyasta
6. *Mother's Maiden Name,* Maggie Kase
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Joseph Lyasta
9. *Father's Occupation* Cabinet
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 Canton St.

Remarks,

8750002682

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-25-52

RETURN OF A BIRTH. 65038 V

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Willie James ~~Wilkinson~~ Wilkinson

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 20 - 95
4. *Place of Birth, (Street and Number)* 1740 E Preston
5. *Full Name of Mother,* Alice J. Wilkinson
6. *Mother's Maiden Name,* " C. Hammick
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm J. Wilkinson
9. *Father's Occupation,* School Teacher
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Atwell

Address, 1438 E. Lond St

Remarks,

B 5000 2683

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-2-55

RETURN OF A BIRTH. 65139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Grace Marie Hawkins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 20-1895
4. Place of Birth, (Street and Number) 1 Chew St No 1915
5. Full Name of Mother, Louisa M Hawkins
6. Mother's Maiden Name, Louisa A. Floid
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph A Hawkins
9. Father's Occupation molder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, 1922 Pitcairn Ave

Remarks,

8950002684

Wm. J. C. Dulany Co., City Printers and Stationers

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4 d.

1. *Sex*, (*state whether* male *or female*)
2. *Race or Color*, (*if not of the* white *race*)
3. *Date of Birth*, April 20. 1 P. 30. A. M.
4. *Place of Birth*, (*Street and Number*) 2071 E. Biddle Street.
5. *Full Name of Mother*, Georgia Anna Renner,
6. *Mother's Maiden Name*, Anderson
7. *Mother's Birthplace*, Balto. Md.
8. *Full Name of Father*, Charles Renner,
9. *Father's Occupation*, Laborer.
10. *Father's Birthplace*, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kamm (for the

Address, Mother Relief Society) 961. Wilson Place.

Remarks,

, 8 9 5 0 0 0 2 6 8 5

Wm J C. Dulany Co., City Printers and Stationers.

...the date and place of birth, and the ... the form of a certificate between the first and ... said schedule shall be delivered, duly signed by the practitioner in the ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 20. (6 P. M.)
4. *Place of Birth, (Street and Number)* 1606 Marshall Street.
5. *Full Name of Mother,* Catherine Anna Miller
6. *Mother's Maiden Name,* Wagner.
7. *Mother's Birthplace,* Culmbach - Germany.
8. *Full Name of Father,* Geo George Robert Miller.
9. *Father's Occupation,* Cigarmaker.
10. *Father's Birthplace,* Durant Co. (Va.)

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kaune / for the

Address, Mothers Relief Society / 961 McCulloh St.

Remarks,

8 7 5 0 0 0 2 6 8 6

Wm J C. Dulany Co., City Printers and Stationers.

been completed, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 20/95
4. *Place of Birth, (Street and Number)* 504 N. Montford Ave.
5. *Full Name of Mother,* Annie Muehe
6. *Mother's Maiden Name,* " Segel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Gustav Muehe
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Weisenhofer

Address, 2225 Gough St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 65043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 20, 1895.
4. *Place of Birth, (Street and Number)*	72 Brick Hill, Mt. Vernon.
5. *Full Name of Mother,*	Annie Hazmow Kennedy.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	New Jerkey.
8. *Full Name of Father,*	Harry Hanbon.
9. *Father's Occupation*	Laborer.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. A. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	—

1895 0 0 0 2 6 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 65144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female).* Male — William J. Gladstone
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 20 April
4. *Place of Birth, (Street and Number)* 1244 Jackson St
5. *Full Name of Mother,* Sasah Gladstone
6. *Mother's Maiden Name,* Marks
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Hayman Gladstone
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mon R Ellis

Address, 1302 E Lexington St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

0 4 5 0 0 0 2 6 8 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

t of New York,
unty of Kings

Hyman Gladstone being duly sworn says that I am the Father of William J. Gl

That I am making this affidavit at of the Health Department of the City of Baltimore, Md.

That your records indicate that a b in the city of Baltimore on April 2 registration No. A 65044.

That the true first name of my so stated in your certificate is "William J .

That I herewith request in accordance with your letter of June 19th, 1934 that you enter on your records the above true first name as stated "William J"

Sworn to before me
this 27 June, 1934

Morris Sokolsky

NOTARY PUBLIC
Kings County Clerk's No. 417
Kings County Register's No. 6474
Commission Expires March 30, 1936

(Hyman Gladstone
Morris Sokolsky)

1895 0002689

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4 - 1 - 54)
Hall of Records Commission

t of New York,
unty of Kings

Hyman Gladstone being duly sworn says that I am the Father of William J. Gl

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That the true first name of my so stated in your certificate is "William J .

That I herewith request in accordance with your letter of June 19th, 1934 that you enter on your records the above true first name as stated "William J"

Sworn to before me
this 27 June, 1934

Morris Sokolsky

NOTARY PUBLIC
Kings County Clerk's No. 417
Kings County Register's No. 6474
Commission Expires March 30, 1935

(Hyman Gladstone
Morris Sokolsky

1895000268 0

RETURN OF A BIRTH. 65045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 21 1895
4. *Place of Birth, (Street and Number)* 411 S. Eden St.
5. *Full Name of Mother,* Barbara Schumann
6. *Mother's Maiden Name,* Wuestner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert Schumann
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1127 E. Pratt St.

Remarks, Name of child: Alfred Frank Schumann

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colt.

3. *Date of Birth,* Apr. 21/95

4. *Place of Birth, (Street and Number)* 2209 Ridgewood Ave.

5. *Full Name of Mother,* Mrs Jno. Nash

6. *Mother's Maiden Name,* Kate King

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Jno. Nash

9. *Father's Occupation* Carpenter

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. E. A. Smith M.D.

Address, 2506 Penna. Ave.

Remarks,

8 9 5 0 0 0 2 6 9 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 2, 1895
4. *Place of Birth, (Street and Number)*	2802 Boston
5. *Full Name of Mother,*	Florence Sophia Meyer Germain
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	Millard Fillmore Woolf
9. *Father's Occupation*	Banker
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	E. Brockmann MD
Address,	1114 Chesapeake St
Remarks,	

6 9 5 0 0 0 2 6 9 3

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. St.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 21. / 9.30. P. M. /
4. *Place of Birth, (Street and Number)* 1417 Sunwalks Court.
5. *Full Name of Mother,* Lizzie Hoppert,
6. *Mother's Maiden Name,* Taulon.
7. *Mother's Birthplace,* Dundalk - Irland.
8. *Full Name of Father,* Edward Hanson Hoppert.
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltr. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kamm / for the

Address, Mothers Relief Society / 961. Wilkens Ave.

Remarks,

8 9 5 0 0 0 2 6 9 4

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 21/95
4. *Place of Birth, (Street and Number)* 1821 E. Fayette St.
5. *Full Name of Mother,* Louisa Behlert
6. *Mother's Maiden Name,* " Knapp
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Rudolph Behlert
9. *Father's Occupation* Laberer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87500002695

65052 ✓

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 21st 1895
4. *Place of Birth (Street and Number)*	1136 Homewood Ave
5. *Full Name of Mother*	Annie Kehoe
6. *Mother's Maiden Name*	Vondrasmith
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	John Kehoe
9. *Father's Occupation*	Cement Furr
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this return	Sam'l J Burn M.D
Address	314 N Eutaw St
Remarks	

8950002696

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 65057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 20th 95 about 21/95
4. *Place of Birth, (Street and Number)* Maternity Hospital, 115 W Lombard St.
5. *Full Name of Mother,* Mary Jackson
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Unknown
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, Alfred N. Gundry M.D.

Address, 115 W Lombard St.

Remarks,

8 9 5 0 0 0 2 6 9 7

Wm J C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, (if any shall have
month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5a
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	April 22 1895
4. *Place of Birth, (Street and Number)*	845 Ramsay Av
5. *Full Name of Mother,*	Susan J Strain
6. *Mother's Maiden Name,*	" Dickey
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Alfred Strain
9. *Father's Occupation*	Truckster
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return,	Geo R Hahenn
Address,	725 Columbia ave
Remarks,	

8950002698

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 65755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 22/95
4. Place of Birth, (Street and Number) Maternity Hospital, 115 to Lombard St.
5. Full Name of Mother, Emma Crawford
6. Mother's Maiden Name, "
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Alfred I. Lindsay M.D.
115 W Lombard St.

Address,

Remarks,

8950002699

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and it shall be the duty of the Commissioner of Health, in the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* April 11th 93 1895
4. *Place of Birth, (Street and Number)* 1ge st 100
5. *Full Name of Mother,* Virrey Braun
6. *Mother's Maiden Name,* Virrey reat
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ather Braun
9. *Father's Occupation* Labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Hannah Jane Wilson

Address, 124 west Hurey st

Remarks, full 9 months

1895 00027700

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and
child to report its birth to the Commissioner shall hereafter fail to comply with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 a.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 22. (2½ A. M.)
4. Place of Birth, (Street and Number) 1538 Boyle Street.
5. Full Name of Mother, Annie Anderson.
6. Mother's Maiden Name, Mc Gillone.
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, John Kaspar Anderson.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kane / for the

Address, Mother & Child Society / 961 Milton Place.

Remarks,

6 4 5 0 0 0 2 7 0 1

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 23rd 95.
4. *Place of Birth, (Street and Number)* 13 N. Hillman St.
5. *Full Name of Mother,* Mary A. McGall.
6. *Mother's Maiden Name,* " Burke.
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Colm McGall.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, W B Berry MD

Address, 700 E. C Lanvale St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

U75U0027702

Every birth occurring in the city of Baltimore shall be registered, and the certificate thereof shall contain the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 23/45
4. *Place of Birth, (Street and Number)* Maternity Hospital, 115 W Lombard St.
5. *Full Name of Mother,* Mary Smith
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Unknown
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, Alfred Sunday M.D.

Address, 115 W Lombard St.

Remarks,

B 9 5 0 0 0 2 7 0 3

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 1st '95
4. *Place of Birth, (Street and Number)* 927 William St.
5. *Full Name of Mother,* Ella Mutter
6. *Mother's Maiden Name,* " Hatles
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Edmond Mutter
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, J. B. Gardner

Address, 424 N. Greene St.

Remarks,

8950002704

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 7-19-57

RETURN OF A BIRTH. 65039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mollie Wolf

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th eight

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) white

3. Date of Birth, ~~the~~ April the 1 first 1895

4. Place of Birth, (Street and Number) 413 Forrest Street

5. Full Name of Mother, ~~Betsy Talntsky~~ Betsy Wolf

6. Mother's Maiden Name, Betsy Talntsky

7. Mother's Birthplace, Sewald Rusia Polen

8. Full Name of Father, Davis Wolf

9. Father's Occupation Pamer

10. Father's Birthplace, Sewald Rusia Polen

Name of Medical Attendant, or other person who makes this Return, Mrs Eva Dohn

Address, 127½ Harrison street

Remarks, Late at reporting on account of Sickness

8750002705

Wm. J. C. Dulany Co., City Printers and Stationers.

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 2, 1895
4. *Place of Birth, (Street and Number)* 410 N Hoffman St
5. *Full Name of Mother,* Laura Wright
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore, Md
8. *Full Name of Father,* John Brown
9. *Father's Occupation* Driver
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Louis Eaton M.D. Resident Physician

Address, Maternite Good Samaritan Hospital 410 N. Hoffman St.

Remarks,

8 9 5 0 0 0 2 7 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. *Sex, (state whether male or female)*	Boy.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 4th. 1895.
4. *Place of Birth, (Street and Number)*	1312 Hillman St.
5. *Full Name of Mother,*	Helen Mc. Court
6. *Mother's Maiden Name,*	Helen Fahey
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Peter Mc. Court.
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton M.D.
Address,	S. W. cor Calvert & Preston St.
Remarks,	

8950002707

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 8th 1896.
4. *Place of Birth, (Street and Number)* 1501 E. Monument St.
5. *Full Name of Mother,* Mary Dempsey
6. *Mother's Maiden Name,* Mary Fay
7. *Mother's Birthplace,* New Jersey.
8. *Full Name of Father,* Thomas Dempsey
9. *Father's Occupation* Sergeant of Police
10. *Father's Birthplace,* Harford Co. Md

Name of Medical Attendant, or other person who makes this Return. Wilmer Hamilton M.D

Address, S. W. Cor Calvert & Preston Sts.

Remarks,

0750002708

been conferred) its sex, color, the full name and occupation of the father, and the maiden name and occupation of the mother, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 65063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 5th 95
4. Place of Birth, (Street and Number) 1415 N Central Ave
5. Full Name of Mother, Mary E Hintz
6. Mother's Maiden Name, E Hochadel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ferdinand Hintz
9. Father's Occupation, Clothing Cutter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, S. H. Schnur M.D.

Address, 1501 N Eager St

Remarks,

8750002709

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 7th 1895
4. Place of Birth, (Street and Number) 1414 Irving st.
5. Full Name of Mother, Mary Coughlin O'Connor
6. Mother's Maiden Name, Ireland
7. Mother's Birthplace, Thomas Coughlin
8. Full Name of Father, Saloon Keeper
9. Father's Occupation Ireland
10. Father's Birthplace, M H Carter M.D.

Name of Medical Attendant, or other person who makes this Return, 1806 W Balto St

Address,

Remarks,

8 7 5 U 0 0 2 7 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 9th 95
4. *Place of Birth, (Street and Number)* 1611 N Carrline St
5. *Full Name of Mother,* Anna R. Laferty
6. *Mother's Maiden Name,* Gross.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John R Laferty
9. *Father's Occupation,* Architect
10. *Father's Birthplace,* Wash D.C.

Name of Medical Attendant, or other person who makes this Return, J M Shipley M.D.

Address, 1811 E Eager St

Remarks,

8 9 5 0 0 0 2 7 1 1

been committed to his care, to report the sex, color, the full name and occupation of parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Second

1. *Sex, (state whether male or female).* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 9 1895
4. *Place of Birth, (Street and Number)* 492 Druid Hill
5. *Full Name of Mother,* Florence Butler Rice
6. *Mother's Maiden Name,* Florence Butler
7. *Mother's Birthplace,* Lancaster Co Va
8. *Full Name of Father,* James Rice
9. *Father's Occupation* Sailor
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Louis Estue M D Resident Physician

Address, Maternite Ward Samaritan Hospital

Remarks, 100 N. Hoffman St. Colo.

8950002712

Wm. J. C. Dulany Co., City Printers and Stationers.

...cupation of its parents, the date and place of birth; and the ... practitioner in the form of a certificate between the first and ... of the Commissioner of Health. In case the birth of any child ... or practicuer of midwifery, or should no other person be in ... ter it shall become the duty of the person or parents of such ... lth, in the manner and within the period above required, and ... to comply with the provisions of this section shall be sub- ... to be recovered as other fines and forfeitures are recoverable.

...said schedule shall be delivered, duly signed by the practi... third day of each and every month to the office of the C... shall occur without the attendance of a physician or pra... attendance upon the mother, immediately thereafter it s... child to report its birth to the Commissioner of Health, in ... any such person or persons who shall hereafter fail to com... jected to the fine of ten (10) dollars for each offence, to be ...

65067

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 10
4. *Place of Birth, (Street and Number)* White hall. Lonsuite. st.
5. *Full Name of Mother,* Senna Schlesinger
6. *Mother's Maiden Name,* Lena Rennd.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry L Schlesinger
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore Co.

Name of Medical Attendant, or other Person who makes this Return. Mis Wick

Address, Baltimor city, Carroll. annex

Remarks,

0750002713

List of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 65068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 10. 1895
4. *Place of Birth, (Street and Number)* Maternite 410 N Hoffman St
5. *Full Name of Mother,* Rachel Alden
6. *Mother's Maiden Name,* Rachel Alden
7. *Mother's Birthplace,* Arundel Co Md
8. *Full Name of Father,* Winfred Brown
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Fuderville Md

Name of Medical Attendant, or other person who makes this Return Louise Eaton, Med. L. Resident Maternite Good Samaritan Hospital

Address, 410 N. Hoffman St

Remarks,

8950002714

Every child born in Baltimore City, whether white or colored, the date and place of birth; and the name, residence and occupation of its parents, the date and place of birth; and the name, residence and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in attendance, or other person in charge, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

KODAK SAFETY FILM

RETURN OF A BIRTH. 65069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Martin Lang

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 12 1895
4. Place of Birth, (Street and Number) No. 1801 Eutaw Street
5. Full Name of Mother, Hannah Lang.
6. Mother's Maiden Name, Hannah Rediger
7. Mother's Birthplace, Maryland
8. Full Name of Father, Martin Lang.
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Ann A. Elwell M. D.

Address, 1191 Hanford ave

Remarks,

8950002715

Wm. J. C. Dulany Co,. City Printers and Stationers.

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 7th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* The 15 of May 1895

4. *Place of Birth, (Street and Number)* No 700 Harford Ave

5. *Full Name of Mother,* Annie Traunholtz

6. *Mother's Maiden Name,* Annie Stolarcik

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Traunholtz

9. *Father's Occupation* Driver

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Lch Lauer

Address, No 1059 Harford Ave Bal. Md.

Remarks, 1895

8 7 5 0 0 0 2 7 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...on of its parents, the date and place of birth; and the ...ioner in the form of a certificate between the first and ...ommissioner of Health. In case the birth of any child ...tioner of midwifery, or should no other person be in ...all become the duty of the person or parents of such ...the manner and within the period above required, and ...ply with the provisions of this section shall be sub- ...ecovered as other fines and forfeitures are recoverable.

...said schedule shall be delivered, duly signed by the practitioner ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 16 1895.
4. *Place of Birth, (Street and Number)* No. 1010 Bismuth Street.
5. *Full Name of Mother,* Cecelia E. Hoffman
6. *Mother's Maiden Name,* Cecelia E. Bergan.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Herman Hoffman.
9. *Father's Occupation* Lithographer.
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return, Chas. A. Elwell M.D.

Address, 1741 Harford ave.

Remarks,

8950002717

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex; color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

nd occupation of its parents, the date and place of birth; and the
y the practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the p
third day of each and every month to the office of t
shall occur without the attendance of a physician or
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Healt
any such person or persons who shall hereafter fail to
jected to the fine of ten (10) dollars for each offence, to
been conferred) its sex, color, the full name and occ
ice of the Commissioner of Health. In case the birth of any child
cian or practioner of midwifery, or should no other person be in
reafter it shall become the duty of the person or parents of such
f Health, in the manner and within the period above required, and
r fail to comply with the provisions of this section shall be sub-
ence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 17 1895
4. *Place of Birth, (Street and Number)* 38 E. Hill St.
5. *Full Name of Mother,* Ella Lancaster
6. *Mother's Maiden Name,* Ella Mattax
7. *Mother's Birthplace,* Cecilton Cecil Co Md
8. *Full Name of Father,* Philip Lancaster
9. *Father's Occupation* Waiter on Lay
10. *Father's Birthplace,* Balto. Co.

Name of Medical Attendant, or other person who makes this Return, Dr. R. Caskey

Address, 213 E. Hoffman St

Remarks, Long Mill

B 4 5 0 0 0 2 7 1 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 65073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* April 18 — 1895
4. *Place of Birth, (Street and Number)* Surf Place No. 20 Atlantic City N.J.
5. *Full Name of Mother,* Blossie Godwyn
6. *Mother's Maiden Name,* Blossie Clark
7. *Mother's Birthplace,* Va. Spotsylvania Co.
8. *Full Name of Father,* James E Godwyn
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Petersburg Va

Name of Medical Attendant, or other person who makes this Return, Mary Sampson

Address, 116 Michigan Ave.

Remarks,

8950002719

Wm. J. C. Dulany Co., City Printers and Stationers.

...on of its parents, the date and place of birth; and the ...
...been conferred, its sex, color, the full name and occupation of ... the practitioner ...
...said schedule shall be delivered, duly signed by the practitioner ... Commissioner of Health. In case the birth of any child ...
...third day of each and every month to the office of the Commissioner ... practitioner of midwifery, or should no other person be in ...
...shall occur without the attendance of a physician or practitioner it shall be ... person or parents of such ...
...attendance upon the mother, immediately thereafter it shall become the duty of the ... above required, and ...
...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...
...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...
...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 65074 d

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh (7th)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 29th 1895
4. *Place of Birth, (Street and Number)* 1404 W. Lafayette Ave
5. *Full Name of Mother,* Margaret E. Brown
6. *Mother's Maiden Name,* Margaret E. Flynn
7. *Mother's Birthplace,* Baltimore Md. June 15/1862
8. *Full Name of Father,* John Oliver Brown
9. *Father's Occupation,* Sexton, "St Pius Church"
10. *Father's Birthplace,* Elysville, Howard Co. Md.

Name of Medical Attendant, or other person who makes this Return. F. C. Drane

Address, 1001. West Lanvale St.

Remarks, None. (Breech)

B 4500 720

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

ascertained the full name of each child, if any shall have
month, and shall set forth as far as the same can be ascer
been conferred) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practitio
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or pract
attendance upon the mother, immediately thereafter it sha
child to report its birth to the Commissioner of Health, in t
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offense, to be re

ascertained the full name of each child, if any shall have
upation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
he Commissioner of Health. In case the birth of any child
r practitioner of midwifery, or should no other person be in
r it shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* 21 April 95

4. *Place of Birth, (Street and Number)* 1128 Saratoga St

5. *Full Name of Mother,* Eva Walker

6. *Mother's Maiden Name,* Lee

7. *Mother's Birthplace,* Latty

8. *Full Name of Father,* Russ Walker

9. *Father's Occupation* driver

10. *Father's Birthplace,* Latty

Name of Medical Attendant, or other person who makes this Return, Mary E Jones

Address, 1126 Saratoga St

Remarks,

8950002721

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 65076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 23, 1895
4. *Place of Birth, (Street and Number)* 130 Fort Ave
5. *Full Name of Mother,* Minney Johnson
6. *Mother's Maiden Name,* Minnie Dallas
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles Johnson
9. *Father's Occupation* Helper
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Dr. P. Cosby

Address, 213 E. Hoch St.

Remarks, Hoing Well

Wm. J. C. Dulany Co,. City Printers and Stationers.

6 7 5 U 0 0 2 7 2 2

month, and every child born alive in said city shall have its birth registered, and a certificate thereof shall be signed by the practitioner in attendance upon the mother, or by the mother if there be no practitioner in attendance, and delivered to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-16-57

RETURN OF A BIRTH. 65077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) John Britain Winter 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 24th 95

4. Place of Birth, (Street and Number) 2215 Dickeyville Ave

5. Full Name of Mother, Ellen F Winter

6. Mother's Maiden Name, Mitchell

7. Mother's Birthplace, Balto

8. Full Name of Father, John F Winter

9. Father's Occupation, Electrician

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, J H Bledsoe M.D.

Address, 130 Eager St

Remarks,

8750002723

been conferred; its sex; color; the full name and occupation of the parents; and the place of birth. Any person who shall make any false statement in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 27 1895

4. Place of Birth, (Street and Number) No. 1215 Holbrook St.

5. Full Name of Mother, Emma L. Conrad

6. Mother's Maiden Name, Emma L. Tolle

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Conrad

9. Father's Occupation Cabinet Maker

10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Louis G. Caudle

Address, 1211 Harford Ave.

Remarks,

8950002724

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

tion of its parents, the date and place of birth; and the
titioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
ractioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
n the manner and within the period above required, and
omply with the provisions of this section shall be sub-
e recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commis-
shall occur without the attendance of a physician or practitioner
attendance upon the mother, immediately thereafter it shall be
child to report its birth to the Commissioner of Health, in the
any such person or persons who shall hereafter fail to comply
jected to the fine of ten (10) dollars for each offence, to be recov-

RETURN OF A BIRTH. 65079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 28 1895
4. *Place of Birth, (Street and Number)* Maternite 410 N. Hofman
5. *Full Name of Mother,* Johanna Catalina Dougherty
6. *Mother's Maiden Name,* Johanna Catalin
7. *Mother's Birthplace,* Christ Child Dominant Co Md.
8. *Full Name of Father,* Jerome Dougherty
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr Jane Radcliff acting Resident Physician

Address, Maternité 410 N. Hoffman St

Remarks,

8950002725

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 29 1875.
4. *Place of Birth, (Street and Number)* No. 1811 N. Broadway
5. *Full Name of Mother,* Mary Agnes
6. *Mother's Maiden Name,* Mc Guire
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John H. Agnes
9. *Father's Occupation* Conductor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno. A. Worthington M.D.

Address, 1811 N. Broadway

Remarks,

0950002725

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29th April.
4. *Place of Birth, (Street and Number)* N: 914 Burgunder Alley
5. *Full Name of Mother,* Anna Baar
6. *Mother's Maiden Name,* " " Dürr
7. *Mother's Birthplace,* Stockach Germ.
8. *Full Name of Father,* John Baar
9. *Father's Occupation* Labor.
10. *Father's Birthplace,* Gudensberg Germ.

Name of Medical Attendant, or other person who makes this Return, Mrs. A. M. Bishoff

Address, N: 829 Columbia Avenue

Remarks,

8450002727

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Catharine ~~Boetim~~ Colby

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 29 1895
4. Place of Birth, (Street and Number) 68a W. Fayette St
5. Full Name of Mother, Caroline Colby
6. Mother's Maiden Name, Caroline Brehm
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles G. Colby
9. Father's Occupation, Dentist
10. Father's Birthplace, Derby Conn.

Name of Medical Attendant, or other person who makes this Return, C. R. Ahlers M.D.

Address, 661 W. Fayette St

Remarks,

8950002728

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

65083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 30th 95
4. Place of Birth, (Street and Number)	1230 N Pratt St
5. Full Name of Mother,	Emma Jane Webb
6. Mother's Maiden Name,	Thomas
7. Mother's Birthplace,	City
8. Full Name of Father,	John Henry Webb
9. Father's Occupation,	At Foreman
10. Father's Birthplace,	Frederick Co Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs E A Thomas
Address,	1212 N Pratt St
Remarks,	

B 7 5 0 0 0 8 2 7 2 9

ascertained the full name of each child (if any shall have been born since the last return), duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a birth of any child shall occur without the attendance of a Physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 65084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* april
4. *Place of Birth, (Street and Number)* 328 henratta St
5. *Full Name of Mother,* alial gaint
6. *Mother's Maiden Name,* Rudsons
7. *Mother's Birthplace,* North thoumbulnd county Va
8. *Full Name of Father,* george gaint
9. *Father's Occupation,* labor
10. *Father's Birthplace,* North thumlalnd county va

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 4 5 0 0 0 2 7 3 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED. 5-28-37

RETURN OF A BIRTH. 63 085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Elizabeth Rosalie Amendt 6st.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 2. (6 ½ 30 Morning) 1895
4. Place of Birth, (Street and Number) 579. Baker street.
5. Full Name of Mother, Mary Cecilia Amendt.
6. Mother's Maiden Name, Gilmor.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, George Louis Amendt.
9. Father's Occupation, Painter.
10. Father's Birthplace, Ellicott City. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kaul, for

Address, the Mothers Relief Society. 961. Hill Ave Pratt

Remarks, 6 9 5 0 0 0 2 7 3 1

Wm J C. Dulany Co., City Printers and Stationers.

of its parents, the date and place of birth; and
ner in the form of a certificate the birth of any child
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of or practitioner of such
shall occur without the mother, immediately thereafter, in the manner
attendance upon the mother, immediately thereafter fail to comply with
child to report its birth to the Commissioner of Health, in the manner
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Apr 25 1895
4. Place of Birth, (Street and Number) 503 Roland Ave. Hampden
5. Full Name of Mother, Georgie M. Boring
6. Mother's Maiden Name, Georgie M. Stockdale
7. Mother's Birthplace, Balt. Co. Md.
8. Full Name of Father, Ephraim Boring
9. Father's Occupation, Plasterer
10. Father's Birthplace, Carroll Co. Md

Name of Medical Attendant, or other person who makes this Return. Geo. T. Shower, M.D.

Address, 421 Roland Ave. Hampden

Remarks,

0 9 5 0 0 0 2 7 3 2

Wm J C. Dulany Co., City Printers and Stationers.

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 6 - 1895
4. *Place of Birth, (Street and Number)* 268 Old York Road -
5. *Full Name of Mother,* Eliza J. Shields
6. *Mother's Maiden Name,* " " Gault
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Marshal W. Shields
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M D

Address, 811 Jefferson Ave Waverly City

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8750002733

RETURN OF A BIRTH. 65088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 7th — 1895
4. *Place of Birth, (Street and Number)* Jenkins Lane
5. *Full Name of Mother,* Amelia Link
6. *Mother's Maiden Name,* " Wagner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry J. Link
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. R. G. Rankin M.D.

Address, 811 Jefferson Ave Waverly City

Remarks,

· 8 4 5 0 0 0 2 7 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Each practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	April 7 1895
4. *Place of Birth, (Street and Number)*	638 Saratoga st.
5. *Full Name of Mother,*	Hannah Kelonstaedter Kaufmann
6. *Mother's Maiden Name,*	Baltimore
7. *Mother's Birthplace,*	George Kaelonstaedter
8. *Full Name of Father,*	carpenter
9. *Father's Occupation*	New Jersey
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Marie E. Kalwitzer M.D.
Address,	725 Mulberry Street
Remarks,	

8 9 5 0 0 0 2 7 3 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 65090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anthony P. Orban

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 7
4. Place of Birth, (Street and Number) 646 W. Mulberry Str.
5. Full Name of Mother, Mary Orban
6. Mother's Maiden Name, Mary (Velancsics) Velancsics
7. Mother's Birthplace, Gaford Ungarn (Europa)
8. Full Name of Father, John Orban
9. Father's Occupation, Tailor
10. Father's Birthplace, Ujfalu Ungarn (Europa)

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Hummel Midwife

Address, 719 N. Eutaw

Remarks,

8950002736

this which have occurred under his or her care during the ascertained the full name of each child, (if any shall have ation of its parents, the date and place of birth; and the ctitioner in the form of a certificate between the first and ommissioner of Health. In case the birth of any child practitioner of midwifery, or should no other person be in t shall become the duty of the person or parents of such in the manner and within the period above required, and o comply with the provisions of this section shall be sub- e recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 12 — 1895
4. *Place of Birth, (Street and Number)* 439 20th St
5. *Full Name of Mother,* Annie C. Holmes
6. *Mother's Maiden Name,* " " Bacon
7. *Mother's Birthplace,* England
8. *Full Name of Father,* George Holmes
9. *Father's Occupation* Car Conductor
10. *Father's Birthplace,* Baltimore Co Md.

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, 811 Jefferson Ave Waverly

Remarks, City

8 9 5 0 0 0 2 7 3 7

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

its parents, the date and place of birth; and the
r in the form of a certificate between the first and
sioner of Health. In case the birth of any child
ter of midwifery, or should no other person be in
become the duty of the person or parents of such
manner and within the period above required, and
y with the provisions of this section shall be sub-
ered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 - 4

1. *Sex, (state whether male or female)* both males
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 April 1895
4. *Place of Birth, (Street and Number)* 945 Pennsylvania Avenue. Baltimore
5. *Full Name of Mother,* Elizabeth Mihm
6. *Mother's Maiden Name,* Elizabeth Saffran
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Ferdinand Mihm
9. *Father's Occupation,* Saloon
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Wilhelmmmmie Graemm Spadijo.

Address, 419 N. Eutaw St.

Remarks,

8 9 5 0 0 0 2 7 3 8

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 650.93

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 26, Eighteen Hundred and Ninety five

4. *Place of Birth, (Street and Number)* 552 St. Mary's Court

5. *Full Name of Mother,* Christiana Krebs

6. *Mother's Maiden Name,* Christiana King

7. *Mother's Birthplace,* Prussia Balto Co

8. *Full Name of Father,* Charles Stocker Krebs

9. *Father's Occupation,* Agent

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Midwife

Address, Wilhelmmmie Dreschel

Remarks, 419 N. Eutaw.

8950002739

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

66094

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 26th 1895
4. *Place of Birth, (Street and Number)* 607 N Poplar St
5. *Full Name of Mother,* Emma Potter
6. *Mother's Maiden Name,* Emma Rohner
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Emanuel P. Potter
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, D. M. F. Chappell

Address, 1351 N Gilmor St

Remarks,

8950002740

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, at the office of the Commissioner of Health in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The Seventh Birth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 7th 1895
4. *Place of Birth, (Street and Number)* 1502 N. Stricker St
5. *Full Name of Mother,* Magnie Buckingham
6. *Mother's Maiden Name,* Mattie Penalow
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Theodore Buckingham
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary L Shookers

Address, Mrs Mary L Shookers 731 Carlton Lane 284

Remarks,

8 9 5 0 0 0 2 7 4 1

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* ..... Female
2. *Race or Color, (if not of the white race)* ..... Dark Brown Skin
3. *Date of Birth,* ..... 11th April
4. *Place of Birth, (Street and Number)* ..... 321 Hamburg Street
5. *Full Name of Mother,* ..... Rebecca Taylor
6. *Mother's Maiden Name,* ..... Rebecca Simon
7. *Mother's Birthplace,* ..... Baltimore Maryland
8. *Full Name of Father,* ..... Albert Taylor
9. *Father's Occupation* ..... Laborer
10. *Father's Birthplace,* ..... Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, ... Anna Johnson

Address, ... 115 Low Street

Remarks, ...

.....

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RETURN OF A BIRTH. 65097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 April 1895
4. *Place of Birth, (Street and Number)* 117 Park Ave
5. *Full Name of Mother,* Ella Rosenfeld
6. *Mother's Maiden Name,* Lichtenberg
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Aron Rosenfeld
9. *Father's Occupation,* Shoe fitter
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E Ichenman

Address, 42 Albemarle St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 65098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Of Color
3. *Date of Birth,* 8 April 1895
4. *Place of Birth, (Street and Number)* 505 Eutaw St.
5. *Full Name of Mother,* Sophie Jackson
6. *Mother's Maiden Name,* Levi
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Herman Jackson
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, C. Scherman

Address, 42 Albemarle St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

8950002744

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 65099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 14th 1895
4. *Place of Birth, (Street and Number)* Durham St
5. *Full Name of Mother,* Susan Edwards
6. *Mother's Maiden Name,* .....
7. *Mother's Birthplace,* Annearundel Co
8. *Full Name of Father,* Louis Edwards
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* West Virginia

Name of Medical Attendant, or other person who makes this Return. Anna Forest

Address, 175 Durham St

Remarks, ...

0 4 5 0 0 0 2 7 4 5

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RETURN OF A BIRTH. 65700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 April 1895
4. *Place of Birth, (Street and Number)* 577 E. Baltimore St
5. *Full Name of Mother,* Fannie Krulewitch
6. *Mother's Maiden Name,* Krulewitch
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Oker Krulewitch
9. *Father's Occupation,* Clothing Store
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 72 Albemarle St

Remarks,

Wm J. C. Dulany Co., City Printers and Stationers.

8950002746

...practitioner in the form of a certificate between the first and ...the Commissioner of Health. In case the birth of any child ...or practitioner of midwifery, or should no other person be in ...ter it shall become the duty of the person or parents of such ...dth, in the manner and within the period above required, and ...il to comply with the provisions of this section shall be sub- ...to be recovered as other fines and forfeitures are recoverable.

...said schedule shall be delivered, duly signed by the practi... ...third day of each and every month to the office of the Com... ...shall occur without the attendance of a physician or prac... ...attendance upon the mother, immediately thereafter it s... ...child to report its birth to the Commissioner of Health, in... ...any such person or persons who shall hereafter fail to co... ...jected to the fine of ten (10) dollars for each offence, to be r...

RETURN OF A BIRTH. 65101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Of White
3. *Date of Birth,* 20 April 1895
4. *Place of Birth, (Street and Number)* 910 E. Fayette St
5. *Full Name of Mother,* Mollie Seigel
6. *Mother's Maiden Name,* Lukowitch
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Abram Seigel
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 42 Monroe St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

8950002747

RETURN OF A BIRTH. 65102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Of Color
3. *Date of Birth,* 22nd April 895
4. *Place of Birth, (Street and Number)* 621 Eager St.
5. *Full Name of Mother,* Lena Lebowitch
6. *Mother's Maiden Name,* Glass
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Dave Lebowitch
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, E. Cherman

Address, 42 Albemarle St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

8950002748

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 22 1895.
4. *Place of Birth, (Street and Number)* 1814 Pennsylvania Ave.
5. *Full Name of Mother,* Cecilia Agnes Ridgely
6. *Mother's Maiden Name,* Cecilia Agnes Riley
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Charles Francis Ridgely
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* St. George County.

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs. Mary A. Dorsey 731 Cumberland Ave

Remarks,

8950002749

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RETURN OF A BIRTH. 65104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Third.

1. *Sex,* (*state whether male or female*) Female.
2. *Race or Color,* (*if not of the white race*) White.
3. *Date of Birth,* April 26th 1895
4. *Place of Birth,* (*Street and Number*) 2223 N. Calvert St.
5. *Full Name of Mother,* Mrs. Hilbu C. Van Sant.
6. *Mother's Maiden Name,* Miss Carry S. Nelson.
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* Hilbu C. Van Sant.
9. *Father's Occupation,* Merchant.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. J. W. Barnard

Address,

Remarks,

8 7 5 0 0 0 7 5 0

month, and shall set forth as the case may be, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 65103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 April
4. Place of Birth, (Street and Number) S. Ballast str. 711
5. Full Name of Mother, Josefa Novak
6. Mother's Maiden Name, Marš
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Majk Novak
9. Father's Occupation, workman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8750002751

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person required, and the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65106

NAME ADDED 5-1-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edna Theresa Kline

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 is

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28th April, 1895
4. *Place of Birth, (Street and Number)* Baltimore 1136 Fremont Ave
5. *Full Name of Mother,* Margaret Kline
6. *Mother's Maiden Name,* Margaret Cassady
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Daniel G Kline
9. *Father's Occupation* Fireplaces Tools Builder
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Sarah Ballew

Address, Vincent Alley 1610

Remarks,

1895 0002752

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	X. 6
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	29 April
4. *Place of Birth, (Street and Number)*	806 E. Brodway
5. *Full Name of Mother,*	Afiliphini Comrman
6. *Mother's Maiden Name,*	Bushman
7. *Mother's Birthplace,*	germani
8. *Full Name of Father,*	Daniel Comrman
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	germany
Name of Medical Attendant, or other person who makes this Return,	Mari Orell
Address,	S Bond St. 838
Remarks,	8 4 5 0 0 0 2 7 5 3

Wm J C. Dulany Co., City Printers and Stationers.

Health. This Section must be filled out as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as to the same the full name and occupation of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 30, 1895.
4. *Place of Birth, (Street and Number)* 1414 Eutaw Place, Balto.
5. *Full Name of Mother,* Euphamia Mallison
6. *Mother's Maiden Name,* Euphamie Clason
7. *Mother's Birthplace,* Annapolis, Md.
8. *Full Name of Father,* George Mallison.
9. *Father's Occupation,* Naval Officer
10. *Father's Birthplace,* Washington, D. C.

Name of Medical Attendant, or other person who makes this Return. Howard A. Kelly.

Address, 1406 Eutaw Place.

Remarks,

8750002754

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a record of the name of each child, (if any shall have been conferred) the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, or midwife, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 22nd
4. *Place of Birth, (Street and Number)* 1506 N Arguith St
5. *Full Name of Mother,* Mary L Bayden
6. *Mother's Maiden Name,* " " Fryer
7. *Mother's Birthplace,* George Co
8. *Full Name of Father,* George L Bayden
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 9141 Bay st

Remarks,

8950002755

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 657/16

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 26th
4. *Place of Birth, (Street and Number)* 1313 N Washington
5. *Full Name of Mother,* Julia Helling
6. *Mother's Maiden Name,* " Gabele
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Oscar Helling
9. *Father's Occupation* Iron Moulder
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Greene

Address, 1944 N Gay st

Remarks,

8750002756

Health. Art. 4, Sec. 5. Every child born within the limits of Baltimore City shall be registered, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65111 c

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	28th April
4. *Place of Birth, (Street and Number)*	1610 N Dallas st
5. *Full Name of Mother,*	Hannah Wagner Walther
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Louis Wagner
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Groome
Address,	1944 N Gay st
Remarks,	

8 9 5 0 0 0 2 7 5 7

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* aprile 5 1895
4. *Place of Birth, (Street and Number)* 1719 Etting Street
5. *Full Name of Mother,* Elzebeth Nelson
6. *Mother's Maiden Name,* Elzebeth Harper
7. *Mother's Birthplace,* Macksonies Ville St marys Co md
8. *Full Name of Father,* Joseph Nelson
9. *Father's Occupation* porter
10. *Father's Birthplace,* Baptiser St marys Co md

Name of Medical Attendant, or other person who makes this Return Mrs Maria Jones

Address, 1337 ~~22~~ Whatcoat St

Remarks, 8950002758

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Schedule must be filled out in the same can be ascertained the full name of each child, (if any shall have month, and shall set forth as far as the same can be ascertained the full name of each child; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of a certificate between the first and been conferred) its sex, color, the full name and occupation of a certificate between the first and been conferred) its sex, color, the full name and occupation of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Va 1

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 28 of April
4. Place of Birth, (Street and Number) Baltimore. Ethung st 1823
5. Full Name of Mother, Ida B Lewis
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, John - Richardson
8. Full Name of Father, Goodlander
9. Father's Occupation Cabinetmaker
10. Father's Birthplace, Mrs Maria Jones 1337
Name of Medical Attendant, or other person who makes this Return. Westcoat st
Address, 1
Remarks, 8750002759

Health. This schedule shall contain a list of the names of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the first and full name and occupation of the physician or practitioner in case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 10. 1895
4. *Place of Birth, (Street and Number)* 911 Granby St.
5. *Full Name of Mother,* Barbara Wellenweber
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Wellenweber
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Cacilie Bernstein

Address, 122 S. Exeter St.

Remarks,

' 8 9 5 0 0 0 2 7 6 0

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the date of the marriage of its parents, the full name and occupation of its parents, the date and place of birth; and the been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* ~~16 S. Exeter St~~ April 12-95
4. *Place of Birth, (Street and Number)* 16 S. Exeter St
5. *Full Name of Mother,* Rosa Dishler
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Max Dishler
9. *Father's Occupation* Cutter
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 132 S. Exeter St.

Remarks,

8950002761

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65115 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr 12 1895
4. *Place of Birth, (Street and Number)* 1242 Barclay St
5. *Full Name of Mother,* Laura E Burkhardt
6. *Mother's Maiden Name,* Bradbourn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* J Emory Burkhardt
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr J B Hart

Address, 710 Jefferson Ave

Remarks, Waverly

8950002762

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 18. 1895
4. *Place of Birth, (Street and Number)* 777 W. Pratt St
5. *Full Name of Mother,* Jennie Sherman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Jacob Sherman
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter St

Remarks,

8950002763

month, and shall set forth as far as the same can be ascertained the time and place of birth; and the full name and occupation of its parents, the date and place of birth; and the occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or practitioner of midwifery, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 21. 95
4. *Place of Birth, (Street and Number)* 1508 E. Pratt St
5. *Full Name of Mother,* Rosa Sherman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Henry Sherman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs L. Bernstein

Address, 122 S. Exeter Str

Remarks,

8750002764

Wm. J. C. Dulany Co., City Printers and Stationers.

It shall be the duty of each and every physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child, in the manner and within the period above required, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 19th 1895
4. Place of Birth, (Street and Number) S.E. Cor Lafayette Ave & Calhoun St.
5. Full Name of Mother, Alice Brofo
6. Mother's Maiden Name, McElquiss
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Rudolph Brofo
9. Father's Occupation Bookkeeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. John Scott M.D.

Address, 701 N Gammon Ave

Remarks,

8950002765

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 19th 1895
4. *Place of Birth, (Street and Number)* 800 N. Franklin St
5. *Full Name of Mother,* Jennie Graelen
6. *Mother's Maiden Name,* Dixon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James C. Graelen
9. *Father's Occupation* Motorman
10. *Father's Birthplace,* Howard Co, Md

Name of Medical Attendant, or other person who makes this Return, John Scott M.D.

Address, 1011 Carrollton Ave

Remarks,

· 8950002766

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ascertained the full name of each child, if any shall have
ion of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commissio
shall occur without the attendance of a physician or practitione
attendance upon the mother, immediately thereafter it shall be
child to report its birth to the Commissioner of Health, in the m
any such person or persons who shall hereafter fail to comply
jected to the fine of ten (10) dollars for each offence, to be recove

month, and shall set forth as far as the same can be ascertained
been conferred) its sex, color, the full name and occupation of
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner, or should no other person be in
attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65/20

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 April 1895
4. *Place of Birth, (Street and Number)* 443 Light St
5. *Full Name of Mother,* Mary Ann Eyth Leyhit
6. *Mother's Maiden Name,* Batts
7. *Mother's Birthplace,* Balto Co Md
8. *Full Name of Father,* Romeo
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Howard Co

Name of Medical Attendant, or other person who makes this Return, Mrs E L Brooks

Address, 1828 Light St

Remarks, Danger Well

8450002767

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65121 V

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 27th, 1895
4. Place of Birth (Street and Number)	# 1709 Alice Anna St
5. Full Name of Mother	Elizabeth Rehberger
6. Mother's Maiden Name	Elizabeth Binding
7. Mother's Birthplace	City
8. Full Name of Father	John H. Rehberger
9. Father's Occupation	Physician
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	John H. Rehberger
Address	# 1709 Alice Anna St
Remarks	

8 9 5 0 0 0 2 7 6 8

Physician or other person required by law to report to the registrar aforesaid, of Baltimore, shall report to the registrar aforesaid, within the City of Baltimore, any child, within the City of Baltimore, shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Colulal

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Col'd

3. *Date of Birth,* 27 April 1893

4. *Place of Birth, (Street and Number)* 1716 Eager

5. *Full Name of Mother,* Maggie Lee

6. *Mother's Maiden Name,* Krasnelbatan

7. *Mother's Birthplace,* Europe

8. *Full Name of Father,* Charles Lee

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm E. Banks

Address, 522 S. Eager St

Remarks, Home Well

8950002769

Wm J. C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 April 1895
4. *Place of Birth, (Street and Number)* 1223 William st
5. *Full Name of Mother,* Sarah Hart
6. *Mother's Maiden Name,* Nolan
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Matthew Carroll Hart
9. *Father's Occupation,* Color
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs E. A Brooks

Address, 1828 Eight st

Remarks, Living Well

8950002770

Wm J C. Dulany Co., City Printers and Stationers.

d the full name of each child, if any shall have
the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the
month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its parents, the date and the first and
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6572 4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2 C Sister

1. *Sex*, (*state whether male or female*) Female

2. *Race or Color*, (*if not of the white race*) White

3. *Date of Birth*, 30 April 1895

4. *Place of Birth*, (*Street and Number*) 616 W Charles St

5. *Full Name of Mother*, Hettie Strauss

6. *Mother's Maiden Name*, Weber

7. *Mother's Birthplace*, Balto

8. *Full Name of Father*, Charles Strauss

9. *Father's Occupation*, Glass Cutter

10. *Father's Birthplace*, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E L Brack

Address, 828 Cooke St

Remarks, Boy Well

8 9 5 0 0 0 2 7 7 1

Wm J C. Dulany Co., City Printers and Stationers.

65125

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 15 April 1895
4. *Place of Birth, (Street and Number)* 112 S. Eutaw Park St.
5. *Full Name of Mother,* Louise Knollenberg
6. *Mother's Maiden Name,* Louise Hinze
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Herman Knollenberg
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Osnabrück

Name of Medical Attendant, or other Person who makes this Return. L. G. Reinhardt

Address, 220 W Madison Street.

Remarks,

8750002772

The births which have occurred under his or her care during the month, and shall report to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, a list of the births which have occurred under his or her care during the month, and the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

66-156

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 ond
1. *Sex, (state whether male or female)*	Fe Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 22 ond 1895
4. *Place of Birth, (Street and Number)*	# 1416 Riverside Av.
5. *Full Name of Mother,*	Victoria N. Courtney
6. *Mother's Maiden Name,*	Hudson
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	Floyd A. Courtney
9. *Father's Occupation,*	Mariner
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other person who makes this Return,	R. C. Lee
Address,	Hanover St
Remarks,	

8950002773

month, and shall set forth in the [illegible] and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21 April
4. *Place of Birth, (Street and Number)* 1224 Chase St.
5. *Full Name of Mother,* Maria Kaiser
6. *Mother's Maiden Name,* Grenzer
7. *Mother's Birthplace,* Germ.
8. *Full Name of Father,* Adam Kaiser
9. *Father's Occupation,* carpenter
10. *Father's Birthplace,* Germ.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. Carl Avenue

Remarks,

0750002774

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as to the name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same shall be known to the informant, the date and place of birth; and the occupation of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* fml
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21 April
4. *Place of Birth, (Street and Number)* 1031 Cent Ave.
5. *Full Name of Mother,* Lena Schwarzer
6. *Mother's Maiden Name,* Lienhart
7. *Mother's Birthplace,* Germanie
8. *Full Name of Father,* Simon Schwarzer
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germ.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Cent Ave.

Remarks,

L 25 0 0 2 7 7 5

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Apr 29th 1895
4. Place of Birth, (Street and Number)	# 325 Warren av.
5. Full Name of Mother,	Clara Va Hess Hoffman
6. Mother's Maiden Name,	Howard Co Md.
7. Mother's Birthplace,	Herman A. Hess
8. Full Name of Father,	Secretary
9. Father's Occupation,	Lancaster Co Va.
10. Father's Birthplace,	R. C. Lee
Name of Medical Attendant, or other person who makes this Return,	
Address,	
Remarks,	8950002776

month, and shall set forth as full the name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Grate

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male

1. Sex, (state whether male or female) W Lite

2. Race or Color, (if not of the white race) Apr. 26 - 1895

3. Date of Birth, Jenkins Lane Annex

4. Place of Birth, (Street and Number) Annie M. Grate

5. Full Name of Mother, " Lenk

6. Mother's Maiden Name, Baltimore Co Md

7. Mother's Birthplace, August F. Grate

8. Full Name of Father, Harness Maker

9. Father's Occupation Baltimore

10. Father's Birthplace, R L Rankin M D

Name of Medical Attendant, or other person who makes this Return, # 811 Jefferson Ave. Waverly City

Address, CERTIFICATE ISSUED. 3-3-53

Remarks,

8950002777

Health. This schedule shall contain a true statement of each child born, and the full name of each child, if any shall be given, as can be ascertained at the time of filling out the same; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr. 24 — 1895
4. *Place of Birth, (Street and Number)* 634 Jefferson Ave Waverly
5. *Full Name of Mother,* Myra E. Jones
6. *Mother's Maiden Name,* " " Geist
7. *Mother's Birthplace,* Baltimore Co Md.
8. *Full Name of Father,* Albert M. Jones
9. *Father's Occupation* Clerk —
10. *Father's Birthplace,* Balto. Co Md.

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M D

Address, #811 Jefferson Ave Waverly — City —

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the date and place of birth; and name and occupation of its parents, the date and place of birth; and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers.

0 89500002778

RETURN OF A BIRTH. 651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

Name of child: Frederick Lee Carroll

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr. 24 - 1895
4. Place of Birth, (Street and Number) 312 - 30th Street
5. Full Name of Mother, Edith L. Carroll
6. Mother's Maiden Name, " L. Lee
7. Mother's Birthplace, Balto. Co. Md.
8. Full Name of Father, Frederick B. Carroll
9. Father's Occupation Stone Mason
10. Father's Birthplace, Harfor Co Md

Name of Medical Attendant, or other person who makes this Return, A. C. Rankin M

Address, *811 Jefferson Ave Waverly

Remarks,

Baltimore under whose charge or superinten... ence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

B 4500002779

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	No 1
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 18 th
4. *Place of Birth, (Street and Number)*	114 East Monument St Baltimore
5. *Full Name of Mother,*	Isabella White
6. *Mother's Maiden Name,*	Isabella Abernethy
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	James White
9. *Father's Occupation*	farmer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs Wooden
Address,	347 N° Calvert St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6 4 5 0 0 0 2 7 8 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

on blank schedule, to be furnished by the Commissioner of
births which have occurred under his or her care during the
be ascertained the full name of each child, (if any shall have
occupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
ter it shall become the duty, of the person or parents of such
lth, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 20th 95
4. *Place of Birth, (Street and Number)* 502 West Street
5. *Full Name of Mother,* .....
6. *Mother's Maiden Name,* Arabella Gross
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William D. Grayson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Grace Harris

Address, 218 Stockton St

Remarks, ...

675 0 0 0 2 7 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Should be 65155

RETURN OF A BIRTH. ~~65155~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 17th 1895
4. *Place of Birth, (Street and Number)*	1232 N. Broadway
5. *Full Name of Mother,*	Emma Douchlon
6. *Mother's Maiden Name,*	Baker
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Fred H. Douchlon
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Harford Co Md
Name of Medical Attendant, or other person who makes this Return.	W. B. Billingsley
Address,	1206 E. Preston St
Remarks,	

0 9 5 0 0 0 2 7 8 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6 87/35

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 4th 1895.
4. *Place of Birth, (Street and Number)* 113 Carroll Ave
5. *Full Name of Mother,* Louisa Essinger
6. *Mother's Maiden Name,* Schmidt
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George Essinger
9. *Father's Occupation* Road contr
10. *Father's Birthplace,* Baltimore Co

Name of Medical Attendant, or other person who makes this Return, Dr. J. B. Hart

Address, 815 S. Fulton Ave

Remarks,

8950002783

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Female & Female Twins
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 April 89-
4. *Place of Birth, (Street and Number)* E Lombard St
5. *Full Name of Mother,* Minnie Long
6. *Mother's Maiden Name,* Minnie Beyersdorf
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Francis Jr. Long
9. *Father's Occupation,* Varnisher & Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, E Lehman

Address, 72 Albemarle St.

Remarks, ...

.....

Wm J C. Dulany Co., City Printers and Stationers.

8 9 5 0 0 0 2 7 8 4

Section. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 8-28-59

RETURN OF A BIRTH. 65137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JOHN-EARLE-McQUADE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 16 1895
4. Place of Birth, (Street and Number) 1012 E Biddle St
5. Full Name of Mother, McQUADE, Henrietta ~~McQuade~~
6. Mother's Maiden Name, Morrison
7. Mother's Birthplace, Virginia
8. Full Name of Father, Frank ~~McQuade~~ McQUADE
9. Father's Occupation Letter carrier
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Frank Grush M.D.

Address, 1051 Augusta St

Remarks,

DATE OF FILING 1895

1895000027785

Health. This schedule shall contain a list of the births ... month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

births which have occurred under his or her care during the
be ascertained the full name of each child (if any shall have
ccupation of its parents, the date and place of birth, and the
ne practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
, or practitioner of midwifery, or should no other person be in
fter it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
fail to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2nd

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Nov. 6 1895
4. *Place of Birth*, (*Street and Number*) Railroad
5. *Full Name of Mother*, Albert Knoll
6. *Mother's Maiden Name*, Janet Eicher
7. *Mother's Birthplace*, Balto.
8. *Full Name of Father*, Wm. F. Knoll
9. *Father's Occupation*, Painter
10. *Father's Birthplace*, Balto.

Name of Medical Attendant, or other person who makes this Return. L. Whitridge Williams M.D.

Address, 1525 Park ave.

Remarks,

8950002786

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 65139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIOLA B. ASKINS. 2nd

1. Sex, (state whether male or female) FEMALE
2. Race or Color, (if not of the white race) COLORED
3. Date of Birth, MAY 13. 1895.
4. Place of Birth, (Street and Number) 616 N. BETHEL ST
5. Full Name of Mother, ELIZABETH HALL
6. Mother's Maiden Name, ELIZABETH BLAKE
7. Mother's Birthplace, BALTIMORE MD
8. Full Name of Father, TOY L. ASKINS
9. Father's Occupation, MUSICIAN
10. Father's Birthplace, HAMILTON, PROV. OF. CANADA

Name of Medical Attendant, or other person who makes this Return. Anna Forest

Address, 1920 Chase St

Remarks,

8950002787

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Agents of Vital Statistics shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 65140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* ~~175 N Dunbar~~ May 18th 1895
4. *Place of Birth, (Street and Number)* 175 N Dulbain St
5. *Full Name of Mother,* Belinda Forest
6. *Mother's Maiden Name,* Belinda Forest
7. *Mother's Birthplace,* St Mary County
8. *Full Name of Father,* Henry Conway
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* St Mary County

Name of Medical Attendant, or other person who makes this Return. Anna Forest

Address, 1926 Chase St

Remarks,

8750002788

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...schedule, to be furnished by the Commissioner of ...ave occurred under his or her care during the ...the full name of each child, if any shall have ...parents, the date and place of birth, and the ...the form of a certificate between the first and ...oner of Health. In case the birth of any child ...of midwifery, or should no other person be in ...come the duty of the person or parents of such ...ner and within the period above required, and ...with the provisions of this section shall be sub-...ed as other fines and forfeitures are recoverable.

...register all births, and shall enter the same on a blank schedule, to ...month, and shall set forth as far as the same can be ascertained the full ...been conferred) its sex, color, the full name and occupation of its parents, ...said schedule shall be delivered, duly signed by the practitioner in the form ...third day of each and every month to the office of the practitioner of midwifery, or should no other person be in ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 05141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 20 - 1895
4. *Place of Birth, (Street and Number)* Perkin Lane Annex
5. *Full Name of Mother,* Catherine E. Fisk
6. *Mother's Maiden Name,* " " Kampe
7. *Mother's Birthplace,* Baltimore Co Md
8. *Full Name of Father,* Charles E. Fisk
9. *Father's Occupation* Policeman
10. *Father's Birthplace,* Balto. Co Md

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, # 811 Jefferson Ave Waverly City

Remarks,

U25000027789

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 21 AT 1855
4. Place of Birth, (Street and Number) #36 Washington St
5. Full Name of Mother, Mary E. Angel
6. Mother's Maiden Name, " " Rosenberger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas H Angel
9. Father's Occupation Brick layer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, # 811 Jefferson Ave Waverly City

Remarks,

B 4 5 0 0 0 2 7 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 2. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 22nd 1895
4. *Place of Birth, (Street and Number)* #36 Washington St
5. *Full Name of Mother,* Annie M. Hoffman
6. *Mother's Maiden Name,* " " Albers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry C. Hoffman
9. *Father's Occupation* Liquor
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, #811 Jefferson Ave Waverly

Remarks, City

8950002791

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 29th 1895
4. *Place of Birth, (Street and Number)* #2706 Frisby St Remsert
5. *Full Name of Mother,* Mary E. Craig
6. *Mother's Maiden Name,* " " Markle
7. *Mother's Birthplace,* Kent Island md
8. *Full Name of Father,* John H Craig
9. *Father's Occupation* Car Conductor
10. *Father's Birthplace,* Balto. Co md

Name of Medical Attendant, or other person who makes this Return, R. G Rankin M D

Address, #811 Jefferson Ave Wavery City

Remarks,

8950002792

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 29 — 95
4. *Place of Birth, (Street and Number)* #211 Jefferson Ave Waverly
5. *Full Name of Mother,* Mary E. Warden
6. *Mother's Maiden Name,* " " Taylor
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John. O. Warden
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, R. L. Rankin M.D

Address, #211 Jefferson Ave Waverly

Remarks, City

8950002793

Wm. J. C. Dulany Co., City Printers and Stationers.

births which have occurred under his or her care during the
be ascertained the full name of each child, (if any shall have
occupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
ter it shall become the duty of the person or parents of such
lth, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascer-
been conferred) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practi-
third day of each and every month to the office of the C
shall occur without the attendance of a physician or pra
attendance upon the mother, immediately thereafter it s
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offence, to be

RETURN OF A BIRTH. 65146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 21 — 35
4. *Place of Birth, (Street and Number)* Kennedys Lane Annex
5. *Full Name of Mother,* Mary A Miller
6. *Mother's Maiden Name,* " " Hoffman
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Albert Miller
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, R L Rankin MD

Address, #811 Jefferson Ave "Waverly City

Remarks,

8950002794

Wm. J. C. Dulany Co., City Printers and Stationers.

s which have occurred under his or her care during the
month, and shall set forth as far as the same can be ascertained
the full name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-31-60

RETURN OF A BIRTH. 65147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louis Robinson

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31st May 1891
4. Place of Birth, (Street and Number) 1237 Bay Mc Elderry
5. Full Name of Mother, Anna Robinson
6. Mother's Maiden Name, Shafranik
7. Mother's Birthplace, Russia
8. Full Name of Father, Jakop Robinson
9. Father's Occupation, Tailor
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, E. Lehrman

Address, 92 Albemarle St.

Remarks,

ascertained the full name of each child, if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such child become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

0950002795

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and place of birth, and the occupation of its parents, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Edith Tulley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1913 Hillsmere Rd
4. *Place of Birth, (Street and Number)* April 26 1954
5. *Full Name of Mother,* Peggy Tulley
6. *Mother's Maiden Name,* Maulsby
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles M Tulley
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. J. Brackenridge M.D.

Address, GIVEN DATE ABOVE 4-5-54 1051 Augusta Ave

Remarks, N.M.

0 7 5 0 0 0 2 7 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

ENTER NAME INDEX 10-24-57

RETURN OF A BIRTH. 65149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Walter L. Beif

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, April 29/95
4. Place of Birth, (Street and Number) 429 N. Gay st.
5. Full Name of Mother, Hennetta Beif
6. Mother's Maiden Name, Hahn
7. Mother's Birthplace, Balto
8. Full Name of Father, Isadore Beif
9. Father's Occupation Merchant
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Edward Rulbaum

Address, 2 N 8 Carpenter

Remarks,

8750002797

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, April 8 / 95
4. *Place of Birth*, (*Street and Number*) 839 Greenmount av
5. *Full Name of Mother*, Mary E. Osborne
6. *Mother's Maiden Name*, Burton
7. *Mother's Birthplace*, Bullo
8. *Full Name of Father*, George W. Osborne
9. *Father's Occupation* Oakum Keeper
10. *Father's Birthplace*, Bullo.

Name of Medical Attendant, or other person who makes this Return, Edward D. Wilson M.D.

Address, Dr 8 Aisquith st

Remarks,

, 8 9 5 0 0 0 2 7 9 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

65151

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 26/95

4. Place of Birth, (Street and Number) 398 Forest St.

5. Full Name of Mother, Emma Kirsch Heese

6. Mother's Maiden Name, Balls.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John B. Kirsch

9. Father's Occupation Laborer Butcher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Edward P. Wilson M.D.

Address, 1 S Eutaw

Remarks,

8 x 5 0 0 0 2 7 9 9

month, and shall set forth as far as the same can be ascertained the full name and occupation of each parent, the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED, 2-20-59

RETURN OF A BIRTH. 65152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Angela Addison ~~~~ Wilson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male Female,
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 12th 1895.
4. Place of Birth, (Street and Number) 1022 Hopkins Ave
5. Full Name of Mother, Mary A Wilson
6. Mother's Maiden Name, Mary A Bounds.
7. Mother's Birthplace, Wycomico Co Md
8. Full Name of Father, Addison E Wilson
9. Father's Occupation Commission Merchant
10. Father's Birthplace, Wycomico Co Md

Name of Medical Attendant, or other person who makes this Return, John A Pennington M.D.

Address, 1716 Linden Ave

Remarks,

8950002800

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 & 7th
1. *Sex, (state whether male or female)*	male & female
2. *Race or Color, (if not of the white race)*	Mulatto
3. *Date of Birth,*	April 21 & 1895
4. *Place of Birth, (Street and Number)*	1730 Ashland Ave
5. *Full Name of Mother,*	Stella Daniels
6. *Mother's Maiden Name,*	~~Stella Daniels~~ Robi
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Daniels
9. *Father's Occupation*	Cigar maker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	M. D. Billingslea
Address,	1206 E. Preston
Remarks,	8950002801

Wm. J. C. Dulany Co., City Printers and Stationers.

Births which have occurred under his or
Health. This Schedule shall contain a list of the births w
ascertained the full name of each child
month, and shall set forth as far as the same can be ascerta
been conferred) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practitio
the Commissioner of Health. In case the
r practioner of midwifery, or should no other person or
it shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
o comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable.

65156

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 3rd 8 ½ P M. 1895
4. *Place of Birth (Street and Number)* 3129 O'Donnell St
5. *Full Name of Mother* Caroline Lair
6. *Mother's Maiden Name* Caroline Thomas
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Grace Miller Lair
9. *Father's Occupation* Telegrapher
10. *Father's Birthplace* New Jersey

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M.D

Address 1701 Balto St East

Remarks

8750002802

Rule any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 65157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 19th, 1895.
4. *Place of Birth, (Street and Number)* 1714 Gwenmont Ave.
5. *Full Name of Mother,* Louisa P. Cook
6. *Mother's Maiden Name,* Louisa Pfaff.
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Henry B Cook
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton M.D

Address, S.W. cor, Walnut & Druid Hill Ave

Remarks,

8 9 5 0 0 0 2 8 0 3

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Boy.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 21st 1895
4. *Place of Birth, (Street and Number)*	1627 N. Hopkins Ave.
5. *Full Name of Mother,*	Ella H. Wilmerton Darley
6. *Mother's Maiden Name,*	Ella H. Wilmerton.
7. *Mother's Birthplace,*	New Jersey.
8. *Full Name of Father,*	John W. Darley.
9. *Father's Occupation*	Inventor.
10. *Father's Birthplace,*	Balt. Md.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Barlow. M.D.
Address,	S. W. cor. Calvert & Preston Sts
Remarks,	

8 9 5 0 0 0 2 8 0 4

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* M

2. *Race or Color, (if not of the white race)* Mai

3. *Date of Birth,* 1005 Willow st

4. *Place of Birth, (Street and Number)* Balt Md

5. *Full Name of Mother,* Veale Theresa

6. *Mother's Maiden Name,* Loonan

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Patrick Heehoe

9. *Father's Occupation,*

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Annie Walker

Address,

Remarks,

8750002805

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 1900
4. *Place of Birth, (Street and Number)* 109 E. Eager
5. *Full Name of Mother,* Emma V. Barry
6. *Mother's Maiden Name,* Brooks
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* James F. Barry
9. *Father's Occupation* Plumber
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Frank Crouch M.D.

Address, 1057 Aisquith St

Remarks,

B 7 5 0 0 0 2 8 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* May 17, 1895

4. *Place of Birth, (Street and Number)* 320 N Carrollton

5. *Full Name of Mother,* Mary Ford

6. *Mother's Maiden Name,* Evans

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Jas Mulvey

9. *Father's Occupation* Porter

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. J Hauck MD

Address, 125 Augusta

Remarks,

0 7 5 0 0 0 2 8 0 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can been conferred) its sex, color, the full name and o said schedule shall be delivered, duly signed by the third day of each and every month to the office shall occur without the attendance of a physician attendance upon the mother, immediately thereaf child to report its birth to the Commissioner of He any such person or persons who shall hereafter fail jected to the fine of ten (10) dollars for each offence

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65/62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 21 1895
4. *Place of Birth, (Street and Number)* 1004 E Hoffman
5. *Full Name of Mother,* Mary McKenna
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John McKenna
9. *Father's Occupation* Policeman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, J. Conrad M.D.

Address, 105 Aisquith St

Remarks,

8950002808

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can been conferred its sex, color, the full name and o said schedule shall be delivered, duly signed by the third day of each and every month to the office shall occur without the attendance of a physician attendance upon the mother, immediately thereaf child to report its birth to the Commissioner of He any such person or persons who shall hereafter fail jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 26 1895
4. *Place of Birth, (Street and Number)* 170 Barclay
5. *Full Name of Mother,* Sarah E Connolly
6. *Mother's Maiden Name,* Kelly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thos J Connolly
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, J O'Donnell M.D.

Address, 1057 Aisquith St

Remarks,

0750002809

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65164

GIVEN NAME ADDED 10/4/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Thomas Russell Hicks

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 21st 1865
4. Place of Birth, (Street and Number) 822 E. Preston st
5. Full Name of Mother, Emma Hicks
6. Mother's Maiden Name, England
7. Mother's Birthplace, Harford Co. Md
8. Full Name of Father, Thos Hicks
9. Father's Occupation Clerk
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1206 E. Preston St

Remarks, 8950002810

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 5th 1895
4. *Place of Birth, (Street and Number)*	1216 N Lanvale st
5. *Full Name of Mother,*	Pauline G Curle
6. *Mother's Maiden Name,*	Pauline G Gaunt
7. *Mother's Birthplace,*	Georgia
8. *Full Name of Father,*	John S Curle
9. *Father's Occupation*	Salesman
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	John A Pennington M D
Address,	1716 Linden Ave
Remarks,	

, 8950002811

Wm. J. C. Dulany Co., City Printers and Stationers

65166

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 26th 1895

4. *Place of Birth, (Street and Number)* 1317 E Eden

5. *Full Name of Mother,* Margaret Cordony Berry

6. *Mother's Maiden Name,* Balls

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Gordon Cordony Parker

9. *Father's Occupation* Bale

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. M. O'Sullivan

Address, 1206 E Baltimore St

Remarks,

8950002812

Wm. J. C. Dulany Co., City Printers and Stationers.

...which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH. 65167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Frederick Baugh

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 5th 1895
4. Place of Birth, (Street and Number) 1241 E. Eager St
5. Full Name of Mother, Lizzie Baugh
6. Mother's Maiden Name, Hergenrether
7. Mother's Birthplace, Balto
8. Full Name of Father, Courtney Baugh
9. Father's Occupation Packer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. M. B. Billingslea

Address, 1206 E. Baston St

Remarks,

1895000028 13

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male - Harry Conrad Most
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 12th 1915
4. *Place of Birth, (Street and Number)* 1315 Hanford Ave
5. *Full Name of Mother,* Jeannett Most
6. *Mother's Maiden Name,* Johnson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Most
9. *Father's Occupation* clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, M. B Billingslea

Address, 1206 E. Baltimore St

Remarks Full name of child added by father February 2 - 1937 L. E. Wehn - Reg

Jos. A. Most 2 0 2 8 1 4

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* May 11 1895

4. *Place of Birth, (Street and Number)* 634 E. Monument St.

5. *Full Name of Mother,* Mary E. McLaughlin

6. *Mother's Maiden Name,* " Murphy

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Hugh McLaughlin

9. *Father's Occupation* Liquor Dealer

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Edward P. McBride

Address, 208 Aisquith St

Remarks,

8950002815

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 11th 05
4. *Place of Birth, (Street and Number)* 826 E. Chase St.
5. *Full Name of Mother,* Mary C. Holden
6. *Mother's Maiden Name,* Mary " Doony
7. *Mother's Birthplace,* Bells
8. *Full Name of Father,* Peter B. Holden
9. *Father's Occupation* Collector
10. *Father's Birthplace,* Bells

Name of Medical Attendant, or other person who makes this Return. Edward P. McBride M.D.

Address, 1708 Aliceanna St

Remarks, 8950002816

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 1, 1895.
4. *Place of Birth, (Street and Number)* 205 Hoffman St.
5. *Full Name of Mother,* Ida May Somers.
6. *Mother's Maiden Name,* Boyd.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Fred'k Somers
9. *Father's Occupation* Time Keeper
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, E. Norwood

Address, 939 W. Fayette St.

Remarks,

47500028171

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 1, '95
4. *Place of Birth, (Street and Number)* 826 Greenmount Ave
5. *Full Name of Mother,* Hattie L. Clifford
6. *Mother's Maiden Name,* " " Roberts
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* William L. Clifford
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Balto, Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1606 Walbrook St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

0950002 8 8

RETURN OF A BIRTH. 65173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 11, 25
4. *Place of Birth, (Street and Number)* 824 Canton Av.
5. *Full Name of Mother,* Caroline R. O'Neill
6. *Mother's Maiden Name,* Caroline R. Lorraine
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John L. O'Neill
9. *Father's Occupation* Brakeman
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Jesse L. Lorraine

Address, 824 Canton Av.

Remarks,

8 7 5 0 0 0 2 8 1 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

65174

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 1st 95
4. Place of Birth, (Street and Number) 1801 W Harlem Avenue
5. Full Name of Mother, Mary E ~~Lower~~ Tunck
6. Mother's Maiden Name, Mary E Lower
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Paul Tunck
9. Father's Occupation, Civil Engineer
10. Father's Birthplace, Carlsruhe Germany

Name of Medical Attendant, or other person who makes this Return. P S Field M D

Address, 642 N Fulton Ave Baltimore Md

Remarks,

, 8 9 5 0 0 0 : 8 2 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

This certificate shall contain a list of the births which have occurred under its observation during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practitioner of its parents, of a certificate of the birth of any child shall occur without the attendance of a physician or practitioner in the form of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th.

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 1th 1895
4. *Place of Birth, (Street and Number)* 1 Barney st
5. *Full Name of Mother,* Katie S. Snyder
6. *Mother's Maiden Name,* Allacht
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Schneider
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwartz

Address, 434 E Fort ave.

Remarks,

8750002821

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

65-176

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 1 1895
4. *Place of Birth, (Street and Number)* Maider St. 416,
5. *Full Name of Mother,* Emma Bostlinig
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germa
8. *Full Name of Father,* Fredrick Bustlinig
9. *Father's Occupation* Labor
10. *Father's Birthplace,* German

Name of Medical Attendant, or other person who makes this Return, Mary Kolitis

Address, 905 N. Washington St.

Remarks, 8950002822

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 1 1895
4. *Place of Birth, (Street and Number)* Wagaley St.
5. *Full Name of Mother,* Rosa Stupka
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* German
8. *Full Name of Father,* Joseph Stupka
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Hopkins

Address, 205 N. Washington St.

Remarks,

8750002823

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 1 1895
4. *Place of Birth, (Street and Number)* 130 Castle st
5. *Full Name of Mother,* Katie Rokosky
6. *Mother's Maiden Name,* Bohaimer
7. *Mother's Birthplace,* Austria
8. *Full Name of Father,* Albert Rokosky
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohaimer

Name of Medical Attendant, or other person who makes this Return, Mary Rotter

Address, 1 Worthington ct

Remarks, 8950002824

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 & 5

1. *Sex, (state whether male or female)* first a male 2 a female Twin
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 1st may 1895
4. *Place of Birth, (Street and Number)* 1016 E Lombard st
5. *Full Name of Mother,* Fanny Kazmanitz
6. *Mother's Maiden Name,* Greenberg
7. *Mother's Birthplace,* Kiiove
8. *Full Name of Father,* Berman Kazmanitz
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Kiiove

Name of Medical Attendant, or other person who makes this Return, H. Flender M.D.

Address, 143 N. Front st

Remarks,

8750002825

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 5-

1. Sex, (~~state whether male or~~ female) female
2. Race or Color, (~~if not of the white race~~) Colored
3. Date of Birth, May 2-1895 at 4½ oclock P-M-
4. Place of Birth, (Street and Number) 612 north Dallas street
5. Full Name of Mother, Maimie Moore
6. Mother's Maiden Name, ——— Veal —
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Samuel Moore
9. Father's Occupation, expressman
10. Father's Birthplace, Balto City Md

Name of Medical Attendant, or other person who makes this Return. Josephine Cooper

Address, 913 Chester

Remarks, Mother and Child well and lusty

Balto Md

8 2 5 0 0 0 2 8 2 5

Health. This schedule shall contain a list of the births which have occurred under the care of the undersigned during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 65181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 2 nd. 95.
4. *Place of Birth, (Street and Number)* 722 W. Lexington St.
5. *Full Name of Mother,* Sallie Trout
6. *Mother's Maiden Name,* Sallie Hess Furgeson
7. *Mother's Birthplace,* Parkersburg W. Va.
8. *Full Name of Father,* Emanuel Trout
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Okie. M.D.

Address, 1203 West Fayette St.

Remarks,

8750002327

Wm. J. C. Dulany Co., City Printers and Stationers.

The [illegible] shall be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65182

CERTIFICATE AMENDED 7-10-68

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Carl Conrad ~~Hauswald~~ Hauswald

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* May 2 nd 1875

4. *Place of Birth, (Street and Number)* No 2103 Frederick Ave

5. *Full Name of Mother,* Sophie Hauswald

6. *Mother's Maiden Name,* Sophie Krumme

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Phillip (Conrad) Hauswald

9. *Father's Occupation* Baker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 5 0 0 0 2 8 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2d May
4. Place of Birth, (Street and Number) Durham St. 704
5. Full Name of Mother Anna Heinanowski
6. Mother's Maiden Name, Myskalski
7. Mother's Birthplace, Poland
8. Full Name of Father August Heinanowski
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Brzyska

Address, 602 S. Bond St.

Remarks,

8 4 5 0 0 0 2 8 2 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 2nd
4. Place of Birth, (Street and Number) 9 Bond Str. 603
5. Full Name of Mother, Antonina Dzgeuski
6. Mother's Maiden Name, Pgaetz
7. Mother's Birthplace, Poland
8. Full Name of Father, John Dzgeuski
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krzyka

Address, 602 S. Bond Str.

Remarks,

1895 00028830

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation ... the full name of each child, (if any shall have ... said schedule shall be delivered, duly signed by the practitioner ... occupation of its parents, the date and place of birth; and the ... third day of each and every month to the office of the Commissioner in the form of a certificate between the first and ... shall occur without the attendance of a physician or practitioner in case the birth of any child ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* May 2nd 1895
4. *Place of Birth, (Street and Number)* 629 Pennsl.
5. *Full Name of Mother,* Lula Wilson
6. *Mother's Maiden Name,* " Dixon.
7. *Mother's Birthplace,* Richmond Va.
8. *Full Name of Father,* William Wilson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other person who makes this Return, Ida Pollack M. D

Address, 1030 McCulloh St

Remarks,

8 9 5 0 0 0 2 8 3 1

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 2nd. 11.30 P.M. 1895
4. *Place of Birth, (Street and Number)* 2025 Christian St
5. *Full Name of Mother,* Lelia Sietsen
6. *Mother's Maiden Name,* Lelia Bunkin
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Abraham Sietsen
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, A L Blessing M.D.

Address, 2011 W Pratt St.

Remarks,

8750002832

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 3rd 1895

4. *Place of Birth, (Street and Number)* 552 E Fort Ave

5. *Full Name of Mother,* Christina Shiker

6. *Mother's Maiden Name,* " Effing

7. *Mother's Birthplace,* Balto City

8. *Full Name of Father,* John L. Shiker

9. *Father's Occupation* Saloon Keeper

10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, Dr. C. C. Schaidt M.D.

Address, 1458 Riverside Ave.

Remarks,

8950002833

Wm. J. C. Dulany Co., City Printers and Stationers.

Within ten days after the birth of any child which have occured under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

d the full name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65188 c

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 2nd 1905
4. *Place of Birth, (Street and Number)* 1 N Fremont Ave
5. *Full Name of Mother,* Minnie E Parker
6. *Mother's Maiden Name,* Minnie E Shaw
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward H Parker
9. *Father's Occupation* Carter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 231 N Poppleton St

Remarks, 8950002834

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 3d 1895
4. Place of Birth, (Street and Number) 624 Hanover St.
5. Full Name of Mother, Annie Mary McFadden Michel
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Francis Daniel McFadden
8. Full Name of Father, Stone Carver
9. Father's Occupation, Hagerstown Md.
10. Father's Birthplace, H. W. Wehner M.D.

Name of Medical Attendant, or other person who makes this Return,

Address, 723 W. Lombard St.

Remarks, Breech Presentation

8 9 5 0 0 0 2 8 3 5

Every person who shall have ascertained the full name of each child, if any shall have been born, and shall set forth as far as the same can be ascertained the full name of its parents, the date and place of birth; and the occupation of its parents, the date and place between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate of any child been conferred) its sex, color, the full name and occupation of any child Commissioner of Health. In case the birth or person be in said schedule shall be delivered, duly signed by the practitioner in the form of a certificate of any child third day of each and every month to the office of the Commissioner of Health, or should no other person or parents of such practitioner of midwifery, or the person or parents of such shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white American

3. Date of Birth, May 3rd 1895

4. Place of Birth, (Street and Number) 1104 E Madison

5. Full Name of Mother, Mary Alice Agnes Finck

6. Mother's Maiden Name, " " Fitzpatrick

7. Mother's Birthplace, New York City

8. Full Name of Father, Henry Finck

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, S. Olwell Garth

Address, 1190 E Monument St

Remarks,

1 . 8 9 5 0 0 0 2 8 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-18-65

RETURN OF A BIRTH. 65191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Rachel Margaret Roberts

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W.
3. Date of Birth, May 3 / 65
4. Place of Birth, (Street and Number) 2269 E. Lombard
5. Full Name of Mother, Eva E. Roberts
6. Mother's Maiden Name, " " Moore
7. Mother's Birthplace, Dorchester Co. Md
8. Full Name of Father, Winfield W. Roberts
9. Father's Occupation Oyster Packer
10. Father's Birthplace, Dorchester Co. Md

Name of Medical Attendant, or other person who makes this Return, Geo L. Williams

Address, 6 N. Bond

Remarks,

8950002837

Wm. J. C. Dulany Co., City Printers and Stationers

...month, also shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 65-192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Baltimore child

1. *Sex*, (*state whether male or female*) male
2. *Race or Color*, (*if not of the white race*) color
3. *Date of Birth*, 3 of may
4. *Place of Birth*, (*Street and Number*) eden st 2-17. Baltimore
5. *Full Name of Mother*, martha E Brantley
6. *Mother's Maiden Name*, martha E Johnson
7. *Mother's Birthplace*, West moland co va
8. *Full Name of Father*, C E Brantley
9. *Father's Occupation*, Sawing daley
10. *Father's Birthplace*, Georgia

Name of Medical Attendant, or other person who makes this Return. agnes annie Jenkins

Address, 602 McElderry st east

Remarks,

8950002838

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 65193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 4, 1893
4. *Place of Birth, (Street and Number)* 1030 Riverside Ave
5. *Full Name of Mother,* Nellie Miller
6. *Mother's Maiden Name,* Nellie Kirkwood
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George Miller
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Dr R. Corkery

Address, 213 E Heath St

Remarks, Dairy Mill

5450002839

Wm. J. C. Dulany Co,. City Printers and Stationers.

and occupation of its parents, the date and place of birth; and the
by the practitioner in the form of a certificate between the first and
fice of the Commissioner of Health. In case the birth of any child
sician or practioner of midwifery, or should no other person be in
hereafter it shall become the duty of the person or parents of such
Health, in the manner and within the period above required, and
fail to comply with the provisions of this section shall be sub-
fence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occ
said schedule shall be delivered, duly signed by the p
third day of each and every month to the office of
shall occur without the attendance of a physician o
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Healt
any such person or persons who shall hereafter fail to
jected to the fine of ten (10) dollars for each offence, t

RETURN OF A BIRTH. 65-194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4 th Mai 1895
4. *Place of Birth, (Street and Number)*	Fort Ave 1700
5. *Full Name of Mother,*	Maria Frammschiffer
6. *Mother's Maiden Name,*	Bockner
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Augst Frammschiffer
9. *Father's Occupation*	Tuban Keeper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Lizzie Schaeffer
Address,	Fort Ave 1708
Remarks,	

, 8 9 5 0 0 0 2 8 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

...upation of its parents, the date and place of birth; and the ...been conferred; its sex, color, the full name and occupation ...practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 4 1895
4. *Place of Birth, (Street and Number)* Fayette st
5. *Full Name of Mother,* Rosa Cullum
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Garmen
8. *Full Name of Father,* Mr Cullum
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Garmen

Name of Medical Attendant, or other person who makes this Return, Mary A Kopitz

Address, N Washington 205

Remarks,

8950002841

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 4th 1895
4. *Place of Birth, (Street and Number)* No 854 Lexington st
5. *Full Name of Mother,* Eliza Karow
6. *Mother's Maiden Name,* Eliza Fiehsel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Rudolf Karow
9. *Father's Occupation* Iron Worker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 S Broadway St

Remarks,

8 9 5 U 0 0 2 8 4 2

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* Sat. July 4th 1895.
4. *Place of Birth, (Street and Number)* 1018 N Chapel St. Baltimore
5. *Full Name of Mother,* Mrs Hattie Clarence
6. *Mother's Maiden Name,* Miss Hattie Berry.
7. *Mother's Birthplace,* Chas Burgh Penna.
8. *Full Name of Father,* Joel Clarence
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Boston Mass.

Name of Medical Attendant, or other person who makes this Return, Mrs Cordelia Howard

Address, #1013 N Chapel St. Baltimore

Remarks,

8 9 5 0 0 0 2 8 4 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

65798

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	May 4 '95
4. Place of Birth, (Street and Number)	1423 Penn Ave.
5. Full Name of Mother,	Mary Roberts
6. Mother's Maiden Name,	Bernstein
7. Mother's Birthplace,	Balt.
8. Full Name of Father,	Alonzo Roberts
9. Father's Occupation,	Sock Smith
10. Father's Birthplace,	Balt.
Name of Medical Attendant, or other Person who makes this Return.	H. M. Wilson
Address,	1008 Madison Ave.
Remarks,	

8750002841

ann Murphy & Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 5th
4. *Place of Birth, (Street and Number)* 515 N Lafayette Ave
5. *Full Name of Mother,* Josephine Connolly
6. *Mother's Maiden Name,* " McKeuba
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* James E. Connolly
9. *Father's Occupation* Hatter
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, John B Huck

Address, 647 N. Lafayette Ave

Remarks,

' 6 7 5 0 0 0 2 8 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* —

3. *Date of Birth,* Sept 5th 1905

4. *Place of Birth, (Street and Number)* No 926 N Eastern Ave.

5. *Full Name of Mother,* Mary E Lee

6. *Mother's Maiden Name,* Redlich

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Louis Lee

9. *Father's Occupation* Bricklayer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L Lees

Address, No 1907 E Monument St.

Remarks, 8950002846

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 5 Mar
4. *Place of Birth, (Street and Number)* 1302 E Lexington St
5. *Full Name of Mother,* Mamie Martin
6. *Mother's Maiden Name,* Loubekers
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Robert Martin
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs R Uhlig

Address, 1302 E Lexington St

Remarks,

8 4 5 0 0 0 2 8 4 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 65202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female

1. *Sex, (state whether male or female)* White

2. *Race or Color, (if not of the white race)* May 5th 1895 twins

3. *Date of Birth,* twins

4. *Place of Birth, (Street and Number)* 226 N. Penl St

5. *Full Name of Mother,* Florence Stone

6. *Mother's Maiden Name,* Florence Mitchell

7. *Mother's Birthplace,* Baltimore M. D.

8. *Full Name of Father,* George W. Stone

9. *Father's Occupation* Physician

10. *Father's Birthplace,* Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Poppleton St

Remarks, 8950002848

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recoverable.

RETURN OF A BIRTH. 65203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	5th May - 95
4. *Place of Birth, (Street and Number)*	810 Hopkins Ave
5. *Full Name of Mother,*	Mary Ross.
6. *Mother's Maiden Name,*	Mary Curtis
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Dennis Barnes Ross
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Anapolis and
Name of Medical Attendant, or other person who makes this return,	Susan Hooper
Address,	123 N. Durham st.
Remarks,	No remarks.

8 9 5 0 0 0 2 8 4 9

Wm J C. Dulany Co., City Printers and Stationers.

...pation of its parents, the date and place of birth; and the ...said schedule shall be delivered, duly signed by the practit... third day of each and every month to the office of the Com... shall occur without the attendance of a physician or practi... attendance upon the mother, immediately thereafter it sh... child to report its birth to the Commissioner of Health, in t... any such person or persons who shall hereafter fail to co... jected to the fine of ten (10) dollars for each offence, to be re...

...practitioner in the form of a certificate between the first and ...e Commissioner of Health. In case the birth of any child ...r practitioner of midwifery, or should no other person be in ...er it shall become the duty of the person or parents of such ...th, in the manner and within the period above required, and ...l to comply with the provisions of this section shall be sub... ...to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 45204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 5 - 15
4. *Place of Birth, (Street and Number)* Andre St 1521
5. *Full Name of Mother,* Anna Boming
6. *Mother's Maiden Name,* Marxis
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Luke Boming
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Pensylvania

Name of Medical Attendant, or other person who makes this Return, Johanna Jonske

Address, Garrett above 1868

Remarks,

8750002850

WM J C DULANY CO CITY PRINTERS AND STATIONERS

...upation of its parents, the date and place of birth, and the ...been conferred) its sex, color, the full name and occupation ... practitioner in the form of a certificate between the first and ... said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 65205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Fifth of May
4. Place of Birth, (Street and Number) No 17 Hullard alley
5. Full Name of Mother, Amelia Hays
6. Mother's Maiden Name, Amelia Jarvis
7. Mother's Birthplace, Fair mount Summerset County Md
8. Full Name of Father, Henry Hays
9. Father's Occupation Fireman
10. Father's Birthplace, New Market County Virginia

Name of Medical Attendant, or other person who makes this Return, Ella Jackson

Address, 125 Wilcome alley

Remarks,

8950002851

to ascertain and record the full name of each child, (if any shall have been born,) and shall set forth as far as the same can be ascertained, the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, and whether the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

W. M. J. C. Dulany Co., City Printers and Stationers.

65306

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5th May 1933
4. *Place of Birth, (Street and Number)* Lancaster No. 6
5. *Full Name of Mother,* Josephine Jedwinski
6. *Mother's Maiden Name,* Jacoboska
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Mike Jedwinski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Mary Drozpa

Address, 62 E. Baltimore

Remarks,

8950002852

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6th May
4. *Place of Birth, (Street and Number)* Lambert 800
5. *Full Name of Mother,* Antonina Bajenski
6. *Mother's Maiden Name,* Galinska
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Theodore Bajenski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krazka

Address, 624 S. Bond St

Remarks,

675000 2853

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born May 6th 1895
4. *Place of Birth, (Street and Number)*	#407 Smallwood St
5. *Full Name of Mother,*	Mrs. Julia Krammer
6. *Mother's Maiden Name,*	Miss " Bagerman
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Charles Krammer
9. *Father's Occupation*	Hair Spinner
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hiller
Address,	#2008 Mc Henry St
Remarks,	

' 8 9 5 0 0 0 2 8 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

65209

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* May 6th '95
4. *Place of Birth, (Street and Number)* 132 W. Hoffman st
5. *Full Name of Mother,* Senora Porter
6. *Mother's Maiden Name,* " Davis
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Harry Porter
9. *Father's Occupation* Driver
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, F. B. Gardner

Address, 424 N. Greene st.

Remarks,

0 9 5 0 0 0 2 8 5 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

n of its parents, the date and place of birth, and the
ioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
tioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 6 1895
4. *Place of Birth, (Street and Number)* No 10 South Fopelton St
5. *Full Name of Mother,* Mary O Brien
6. *Mother's Maiden Name,* Mary Talley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michal C O Brien
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 231 S Pompleton St

Remarks,

· 8 9 5 0 0 0 2 8 5 6

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED, 3-2-53

RETURN OF A BIRTH. 65211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Erma Mildred Pruit 2
1. Sex, (state whether male or female)	Femeal
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 6th 1895
4. Place of Birth, (Street and Number)	1415 Race St
5. Full Name of Mother,	Nelia Pruit
6. Mother's Maiden Name,	Nelia Carneal
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	John C Pruit
9. Father's Occupation,	Show Case Maker
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other person who makes this Return,	Margrett A Lambert
Address,	34 E Hamburg St
Remarks,	Mother & baby in good health

8950002857

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 6, 1893
4. *Place of Birth, (Street and Number)* 1725 Hanover St
5. *Full Name of Mother,* Zola Hughes
6. *Mother's Maiden Name,* Zola Hyland
7. *Mother's Birthplace,* Kent County
8. *Full Name of Father,* Charles Hughes
9. *Father's Occupation* Railroader
10. *Father's Birthplace,* Washington Co

Name of Medical Attendant, or other person who makes this Return, Dr. R. Carter

Address, 2136 Keith St

Remarks, Home Well

0 7 5 0 0 0 2 8 5 3

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 65213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	May 4/95
4. *Place of Birth, (Street and Number)*	7 Lindmoo av.
5. *Full Name of Mother,*	Ella Johnson
6. *Mother's Maiden Name,*	Ella Jones
7. *Mother's Birthplace,*	Wash. D.C.
8. *Full Name of Father,*	Henry Johnson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ky
Name of Medical Attendant, or other person who makes this Return.	J.T. Causey M.D.
Address,	Guilford Av & 24th
Remarks,	Normal Delivery.

8950002859

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upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 7th
4. *Place of Birth, (Street and Number)* Baltimore 1300 Scott st
5. *Full Name of Mother,* Grace Gertrude Sedicum
6. *Mother's Maiden Name,* Grace Gertrude Magruder
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Asa Theodore Sedicum
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Cross

Address, 409 S. Oppdletown St

Remarks,

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month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born May 7th 1895
4. *Place of Birth, (Street and Number)*	# 1913 Ramsey St
5. *Full Name of Mother,*	Mrs. Louisa Prince
6. *Mother's Maiden Name,*	Miss. " Adolf
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Charles. Prince
9. *Father's Occupation*	Hair Factory
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hiller
Address,	# 2008 Mc. Henry St
Remarks,	

· 8950002861

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...each Child, it shall have ... occupation of its parents, the date and place of birth; and the ... practitioner in the form of a certificate between the first and ... of the Commissioner of Health. In case the birth of any child ... or practioner of midwifery, or should no other person be in ... after it shall become the duty of the person or parents of such ... health, in the manner and within the period above required, and ... fail to comply with the provisions of this section shall be sub- ... e, to be recovered as other fines and forfeitures are recoverable.

...been collected) its sex, color, the full name and occupation ... said schedule shall be delivered, duly signed by the ... third day of each and every month to the office of the ... shall occur without the attendance of a physician or ... attendance upon the mother, immediately thereafter it ... child to report its birth to the Commissioner of Health, ... any such person or persons who shall hereafter fail to co- ... jected to the fine of ten (10) dollars for each offence, to be

RETURN OF A BIRTH. 65-216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* —

3. *Date of Birth,* May 7th 195

4. *Place of Birth, (Street and Number)* 2nd 2 0 4 N. Charles St.

5. *Full Name of Mother,* Johanna Albert

6. *Mother's Maiden Name,* Fenfour

7. *Mother's Birthplace,* Richmond, Va.

8. *Full Name of Father,* Laurence E. Albert

9. *Father's Occupation* Potter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Frost

Address, No. 1907 E. Monument St.

Remarks, 8950002862

which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained been conferred) its sex, color, the full name and occupation of its said schedule shall be delivered, duly signed by the practitioner third day of each and every month to the office of the Commissioner shall occur without the attendance of a physician or practitioner attendance upon the mother, immediately thereafter it shall become child to report its birth to the Commissioner of Health, in the manner any such person or persons who shall hereafter fail to comply with jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

pation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
r practioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
h, in the manner and within the period above required, and
o comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored race
3. Date of Birth, Born May 7th 1895
4. Place of Birth, (Street and Number) 406 N. Gallaher St Baltimore Md
5. Full Name of Mother, Mary Ellen Anderson
6. Mother's Maiden Name, Mary Ellen Wilson
7. Mother's Birthplace, Queens County Md.
8. Full Name of Father, Thomas Henry Anderson
9. Father's Occupation Hard Coal Laborer
10. Father's Birthplace, Queens County Md

Name of Medical Attendant, or other person who makes this Return, Georgianna Brooks

Address, 1767 E. Mulliken St.

Remarks, Weak eyes & inflamed eyes very thing surpic

8750002863

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GIVEN NAME ADDED 9-6-57

RETURN OF A BIRTH. 65218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hammond Jerome Briscoe Child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 7th 1895
4. Place of Birth, (Street and Number) 528 Gilmor St.
5. Full Name of Mother, Lillian Briscoe
6. Mother's Maiden Name, Lillian Paul
7. Mother's Birthplace, St. Marys County
8. Full Name of Father, Joseph Briscoe
9. Father's Occupation Waiter
10. Father's Birthplace, St. Marys Co.

Name of Medical Attendant, or other person who makes this Return, Mary L. Dorsey

Address, 1913 Dorman St.

Remarks, 875000864

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 7th 1895

4. *Place of Birth, (Street and Number)* Fountain St 1802

5. *Full Name of Mother,* Ada Cox

6. *Mother's Maiden Name,* Ada Cutchall

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* [illegible] Cox

9. *Father's Occupation* Car Conductor

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, [illegible]

8950022865

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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said schedule shall be delivered, duly signed by the practitioner in charge of the case, the date and place of birth; and the third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	7th Mai 1895
4. *Place of Birth, (Street and Number)*	Regardt St. N° 1831.
5. *Full Name of Mother,*	Bertha Werner.
6. *Mother's Maiden Name,*	Schroeder.
7. *Mother's Birthplace,*	Germanye.
8. *Full Name of Father,*	Hermann Werner
9. *Father's Occupation*	Leber
10. *Father's Birthplace,*	Germanye
Name of Medical Attendant, or other person who makes this Return,	Lizzie Schaeffer.
Address,	Fort Ave & N° 1708.
Remarks,	

· 8950002866

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1th May
4. *Place of Birth, (Street and Number)* 720 Bond St. ~~Md~~
5. *Full Name of Mother,* Mary Stanojenski
6. *Mother's Maiden Name,* Rostinski
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* John Stanojenski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Drozka
Address, 602 S. Bond St

Remarks,

8750002867

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 65222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 8 of May
4. *Place of Birth, (Street and Number)* 610 Sterling st
5. *Full Name of Mother,* Charlotte R. Giles
6. *Mother's Maiden Name,* Charlotte Rebecca Jackson
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Stephen Henry Giles
9. *Father's Occupation,* Wagoner
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Anni Duncan

Address, 602 Mc Elderry

Remarks,

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month, the name as well as the sex, color and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 8th 1895
4. *Place of Birth, (Street and Number)*	415 Elbow Lane Butto Cite
5. *Full Name of Mother,*	Martha Yeats
6. *Mother's Maiden Name,*	Martha Tomas
7. *Mother's Birthplace,*	Butto Cite
8. *Full Name of Father,*	Lewis Yeats
9. *Father's Occupation,*	Hunter
10. *Father's Birthplace,*	Butto Cite
Name of Medical Attendant, or other person who makes this Return.	Emily Hughes
Address,	652 Cider alley
Remarks,	No Remarks

8 9 5 0 0 0 2 8 6 9

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Ans

RETURN OF A BIRTH. 65224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~Michael~~ William Slattery

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 8th 95
4. Place of Birth, (Street and Number) 588 Wilson
5. Full Name of Mother, Katie Slattery
6. Mother's Maiden Name, Katie Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Timothy Slattery
9. Father's Occupation, ~~Stoker~~ Laborer
10. Father's Birthplace, ~~Germany~~ Ireland

Name of Medical Attendant, or other person who makes this Return, Geo W. Norris M.D

Address, 1501 Pennsylvania

Remarks,

8750002870

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 65225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 8th 95
4. *Place of Birth, (Street and Number)*	124 Dolphin St
5. *Full Name of Mother,*	Mary E Garritee
6. *Mother's Maiden Name,*	Mary E Gilbert
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	James E Garritee
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	Albert V. Hadel M.D.
Address,	1145 Park Ave
Remarks,	Baltimore Md

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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d occupation of its parents, the date and place of birth; and the
the practitioner in the form of a certificate between the first and
ce of the Commissioner of Health. In case the birth of any child
cian or practicuer of midwifery, or should no other person be in
reafter it shall become the duty of the person or parents of such
Health, in the manner and within the period above required, and
fail to comply with the provisions of this section shall be sub-
ence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* BEK
3. *Date of Birth,* May 8 1895.
4. *Place of Birth, (Street and Number)* 770 Walsche St.
5. *Full Name of Mother,* Ella Turner
6. *Mother's Maiden Name,* Freeland
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Richard Turner
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, [illegible] Norwood Co

Address, 939 Fayette St.

Remarks,

8950002872

been conferred) its sex, color, the full name and occu
said schedule shall be delivered, duly signed by the pr
third day of each and every month to the office of th
shall occur without the attendance of a physician or
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health
any such person or persons who shall hereafter fail to
jected to the fine of ten (10) dollars for each offence, to

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RETURN OF A BIRTH. 65227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 8 1895
4. *Place of Birth, (Street and Number)* East N. 130
5. *Full Name of Mother,* Sophia Barran
6. *Mother's Maiden Name,* Bahainey
7. *Mother's Birthplace,* Meiath Barran
8. *Full Name of Father,* Labor
9. *Father's Occupation* Bohainey
10. *Father's Birthplace,* Mary Kaptis

Name of Medical Attendant, or other person who makes this Return. N Washington Ave 202

Address,

Remarks, 8 7 5 0 0 0 2 8 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of any child the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65528 over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Charles

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 8 1895
4. Place of Birth, (Street and Number) Chatsple at 10
5. Full Name of Mother, Annie Klima
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Charles Klima
9. Father's Occupation Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Martis

Address, 10 Washington at 205

Remarks,

8950002874

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 8 1895
4. *Place of Birth, (Street and Number)* Bethel St 723
5. *Full Name of Mother,* Rosa Gastonka
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemen
8. *Full Name of Father,* Charles Gastonka
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohaumen

Name of Medical Attendant, or other person who makes this Return, Mary Kopter

Address, 205 N Washington St

Remarks,

8950002875

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* ~~White~~ Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 8 1895
4. *Place of Birth, (Street and Number)* 1922 Orleans St.
5. *Full Name of Mother,* Clara Bussic
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* German
8. *Full Name of Father,* George Bussic
9. *Father's Occupation* Labor
10. *Father's Birthplace,* German

Name of Medical Attendant, or other person who makes this Return, Mary Koptis

Address, 205 N Washington St

Remarks,

B 7 5 0 0 0 2 8 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Mar E 12 95
4. *Place of Birth, (Street and Number)*	232 N° Mount
5. *Full Name of Mother,*	Marie Rockel
6. *Mother's Maiden Name,*	Mehnert
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Hubert Rockel
9. *Father's Occupation*	department man
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Marie E Rhinehart M.D.
Address,	725 Mulberry Street
Remarks,	

6750002877

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female).* ~~Black~~ Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* May 8th
4. *Place of Birth, (Street and Number)* 839 McAlleer Court
5. *Full Name of Mother,* Maggie Brown
6. *Mother's Maiden Name,* Maggie Brown
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* (?)
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Geo W Dobbin Jun D.

Address, The Johns Hopkins Hospital

Remarks,

8750002878

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 9th 1895
4. *Place of Birth, (Street and Number)*	310 Parkin st
5. *Full Name of Mother,*	Lottie Le Bon
6. *Mother's Maiden Name,*	" Whiteford
7. *Mother's Birthplace,*	Baltimore md
8. *Full Name of Father,*	Charles W. Le Bon
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Baltimore md
Name of Medical Attendant, or other person who makes this Return,	Mrs Barge
Address,	711 N. Gilmor st
Remarks,	

8 9 5 0 0 0 2 8 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Coroner in his county, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 15234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored race
3. *Date of Birth,* Born May 9th 1893
4. *Place of Birth, (Street and Number)* 434 N. Register St. Baltimore Md.
5. *Full Name of Mother,* Emma Howard
6. *Mother's Maiden Name,* Emma Wolford
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Charles Howard
9. *Father's Occupation* Hard Labour
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Georgeanna Brooke

Address, 1751 Mulliken St.

Remarks, Inflamed eyes & swelled eyes

8 7 5 0 0 0 2 8 8 0

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-23-60

RETURN OF A BIRTH. 65235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louis Gilbert ~~Ochse~~ Ochse

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May Nine (9th) 1895
4. Place of Birth, (Street and Number) Baltimore Md 632 Tenth st
5. Full Name of Mother, Mrs Louise M. Ochse
6. Mother's Maiden Name, Louise M. Crane
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Louis H. Ochse
9. Father's Occupation Glass Blower
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Susan Hunton

Address, 231 N Poppleton St

Remarks,

8750002881

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 9th. 95
4. *Place of Birth, (Street and Number)* 1840 Hooker st
5. *Full Name of Mother,* Sadie E. Stuart
6. *Mother's Maiden Name,* Sadie E. Poston
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* William H. Stuart.
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Henry C. Pile. M.D.

Address, 1203 W. Fayette st

Remarks, Name of child: Alexander Perron Stuart

B 7 5 0 0 0 2 8 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

...e ascertained the full name of each child, if any shall have ...month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth of any child ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* May 9th 1895
4. *Place of Birth, (Street and Number)* 428 Biddle Street
5. *Full Name of Mother,* Lillie Tucker
6. *Mother's Maiden Name,* Anderson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel H. Tucker
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Frederick County Maryland

Name of Medical Attendant, or other person who makes this Return, J. Marcus Carpiee M. D.

Address, 430 W Biddle Street

Remarks,

Within 10 days after the birth of any child born alive in this city, the father (or in case the father is not living, the mother) of such child, or in case neither father nor mother is living, or in case the father or mother is unable to make such return, then the person having charge of such child, shall cause the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of the physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

1895 00002883

occupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
er it shall become the duty of the person or parents of such
lth, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 E Child

1. *Sex, (state whether male or female)* Male - William Swartz
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 9 /95
4. *Place of Birth, (Street and Number)* #16 N Pratt St Balto
5. *Full Name of Mother,* Mary Swartz
6. *Mother's Maiden Name,* Mary Mautner
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Charles Swartz
9. *Father's Occupation* Shoe Store
10. *Father's Birthplace,* Hungarian

Name of Medical Attendant, or other person who makes this Return, Bro. Lena Barker

Address, 14 E. York St. Balto.

Remarks, Full name of child added by Uncle. Str Last
P. E. Wehn - Reg

Wm. J. C. Dulany Co., City Printers and Stationers.

8 7 5 0 0 0 2 8 8 4 1945

May 1 - 1945

RETURN OF A BIRTH. 65239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* May 4th 1895
4. *Place of Birth, (Street and Number)* 1124 Russell Street
5. *Full Name of Mother,* Lottie Jones
6. *Mother's Maiden Name,* Lottie Williams
7. *Mother's Birthplace,* Denton Caroline Co Md
8. *Full Name of Father,* Maryann Jones
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams

Address, 916 Leadenhall st

Remarks,

1895000 2885

Wm. J. C. Dulany Co., City Printers and Stationers.

MOTHER'S NAME ADDED 5-5-55

RETURN OF A BIRTH. 65240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bernard Heitmuller ~~Hennemeter~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d. 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 9. 1895.
4. *Place of Birth, (Street and Number)* 1725 Fairmount Ave
5. *Full Name of Mother,* Anna Helen Louise Hennemeter
6. *Mother's Maiden Name,* Heitmuller
7. *Mother's Birthplace,* Bremen — Germany
8. *Full Name of Father,* Henry B. Hennemeter
9. *Father's Occupation* Lutheran Clergyman
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, G. G. Burd M. D.

Address, 1006 E. Balto. St.

Remarks, L. C. D. adherent placenta, post-partum hemorrhage

8950002886

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

CITY CASE ADDED. 11-29-55

RETURN OF A BIRTH 15241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Hazel Taylor Merryman 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 9th 1895
4. Place of Birth, (Street and Number) 2103 N Calvert St
5. Full Name of Mother, Susie B Merryman
6. Mother's Maiden Name, " " Taylor
7. Mother's Birthplace, Baltimore County, Md
8. Full Name of Father, Ridgway Merryman
9. Father's Occupation, Lumber Dealer
10. Father's Birthplace, Baltimore County, Md

Name of Medical Attendant, or other Person who makes this Return. D W Cathell M D

Address, 1308 N Charles St

Remarks,

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or person or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers

1 6 Y 5 0 0 0 2 8 8 7

RETURN OF A BIRTH. 65242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex, (state whether male or female)*	Female,
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 9th. 1895
4. *Place of Birth, (Street and Number)*	323 Grand Ave.
5. *Full Name of Mother,*	Ella Shaw
6. *Mother's Maiden Name,*	Ella Linn
7. *Mother's Birthplace,*	Balto. Co. Md.
8. *Full Name of Father,*	William Shaw
9. *Father's Occupation*	Engineer on West Md R.R.
10. *Father's Birthplace,*	Emmitsburg, Md
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton M.D.
Address,	S. W. Cor. Calvert & Preston Sts
Remarks,	

8950002888

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 7 1895
4. *Place of Birth, (Street and Number)* Monument St. 1100
5. *Full Name of Mother,* Miss Gabel
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* German
8. *Full Name of Father,* Charles Gabel
9. *Father's Occupation* Labor
10. *Father's Birthplace,* German

Name of Medical Attendant, or other person who makes this Return, Mary Hopkins

Address, 205 W. Washington

Remarks,

8950002889

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65244

GIVEN NAME ADDED 8-19-58

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Registrant: ~~Jennie~~ C.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, 9 Mar 1895
4. Place of Birth, (Street and Number) 1115 E Pratt St
5. Full Name of Mother, Rose Levin
6. Mother's Maiden Name, Europa
7. Mother's Birthplace, Louis Levin
8. Full Name of Father, Bigler
9. Father's Occupation, Europa
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Lina Handler

Address, 1115 E Pratt St

Remarks, 8 9 5 0 1 0 3 E 3 9 0

said schedule shall be delivered, duly signed by the practitioner in ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 10th 1895
4. *Place of Birth, (Street and Number)* 730 North Chester Street
5. *Full Name of Mother,* Mrs Grace Mead
6. *Mother's Maiden Name,* Grace McKeown
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Augustus Mead
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. W. Dobbin M. D.

Address, The Johns Hopkins Hospital

Remarks,

B 4 5 0 0 0 2 8 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

...tion of its parents, the date and place of birth; and the ... practitioner in the form of a certificate between the first and ... Commissioner of Health. In case the birth of any child ... practitioner of midwifery, or should no other person be in ... shall become the duty of the person or parents of such ... the manner and within the period above required, and ... comply with the provisions of this section shall be sub- ... recovered as other fines and forfeitures are recoverable.

pation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
practioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
, in the manner and within the period above required, and
comply with the provisions of this section shall be sub-
be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 10, 1895
4. *Place of Birth, (Street and Number)* 1/1 WB Lombard St
5. *Full Name of Mother,* Leaney Pettingill
6. *Mother's Maiden Name,* Leaney Mahlhenrich
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles Pettingill
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* New Hampshire ~~Labor~~

Name of Medical Attendant, or other person who makes this Return, Dr. R Cassedy

Address, 213 E Heath St

Remarks, Home Well

18950002892

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the same can be ascertained, the full name and occupation of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 16 1895
4. *Place of Birth, (Street and Number)* Homestead Waverly
5. *Full Name of Mother,* Mary Carr
6. *Mother's Maiden Name,* Mary McGrain
7. *Mother's Birthplace,* Texas
8. *Full Name of Father,* John Carr
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, #8 Talbot St Waverly

Remarks, Well

8 9 5 0 0 0 2 3 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner or midwife, with the occupation of the parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child.

1. *Sex, (state whether male or female)* male child.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* May 10th 1895.
4. *Place of Birth, (Street and Number)* 412 Parrish alley
5. *Full Name of Mother,* Lizzie Ginniful age 23
6. *Mother's Maiden Name,* Lizzie Ginniful
7. *Mother's Birthplace,* ~~Col~~ Ethel, Va., Md.
8. *Full Name of Father,* Eddie Brooks age 21
9. *Father's Occupation,* Common labor,
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Carrie, Reid,

Address, 412 Parrish alley.

Remarks,

8950002894

Wm J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Light Brown Skin
3. Date of Birth, Balto May 10 1896.
4. Place of Birth, (Street and Number) 928 Druid Hill Ave
5. Full Name of Mother, Emma P Stepney
6. Mother's Maiden Name, Emma P Williams
7. Mother's Birthplace, Gaithersburg Md
8. Full Name of Father, Thomas O Stepney
9. Father's Occupation, Waiter
10. Father's Birthplace, Balto City Md

Name of Medical Attendant, or other person who makes this Return, Louisa Lane

Address, 644 Pasfres St.

Remarks,

8950002895

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 19th 1895
4. *Place of Birth, (Street and Number)* 1323 Baltimore St
5. *Full Name of Mother,* Margaret Sullivan
6. *Mother's Maiden Name,* Margaret Hopkins
7. *Mother's Birthplace,* Prince George Co
8. *Full Name of Father,* Jacob Sullivan
9. *Father's Occupation* Wood Carver
10. *Father's Birthplace,* Queen Anne Co

Name of Medical Attendant, or other person who makes this Return, Jno. Dorsey

Address, 809 Fountain St

Remarks, Healthy

8 9 5 0 0 0 2 8 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 10 1895
4. *Place of Birth, (Street and Number)* Castle 610
5. *Full Name of Mother,* Annie Ritter
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Gasmen
8. *Full Name of Father,* Ignoose Ritts
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Gesman

Name of Medical Attendant, or other person who makes this Return, Mary Koptis

Address, 905 North Washington St.

Remarks,

0 7 5 0 0 0 2 8 9 7

been conferred its sex, color, the full name and occ
said schedule shall be delivered, duly signed by the
third day of each and every month to the office of
shall occur without the attendance of a physician o
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Heal
any such person or persons who shall hereafter fail to
jected to the fine of ten (10) dollars for each offence, to

ud occupation of its parents, the date and place of birth, and the
y the practitioner in the form of a certificate between the first and
ice of the Commissioner of Health. In case the birth of any child
cian or practioner of midwifery, or should no other person be in
reafter it shall become the duty of the person or parents of such
f Health, in the manner and within the period above required, and
r fail to comply with the provisions of this section shall be sub-
ence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 10 1895
4. *Place of Birth, (Street and Number)* Wolf St. 11
5. *Full Name of Mother,* Bartova Piver
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohaimen
8. *Full Name of Father,* Charles Piver
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohaimen

Name of Medical Attendant, or other person who makes this Return, Mary Kohlis

Address, 905 N. Washington

Remarks,

1895 U 002898

Wm. J. C. Dulany Co., City Printers and Stationers.

Been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 10.
4. *Place of Birth, (Street and Number)*	#2076 Bank st
5. *Full Name of Mother,*	Mary Mc Donough
6. *Mother's Maiden Name,*	Mary Hanley
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Joseph Mc Donough
9. *Father's Occupation*	Fireman
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mary F. Portner
Address,	#24 S. Chester
Remarks,	

8 7 5 U 0 0 2 8 9 9

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 65254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 10th 1912
4. Place of Birth, (Street and Number) Lancaster Str. 1612
5. Full Name of Mother, Rosa Gavcavitch
6. Mother's Maiden Name, Bandopska
7. Mother's Birthplace, Poland
8. Full Name of Father, Frank Gavcavitch
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kuczka
Address, 602 S. Bond St.
Remarks,

8950002900

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, or should no other parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten [illegible] dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 11 1895
4. *Place of Birth, (Street and Number)*	917 Mulberry ste
5. *Full Name of Mother,*	Mary Gilleal
6. *Mother's Maiden Name,*	Mc Finn
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Joseph F. Gilleal
9. *Father's Occupation*	Cook - Sailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mary E Stalwitzer M D
Address,	725 Mulberry ste.
Remarks,	

8950002901

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 11/95
4. *Place of Birth, (Street and Number)*	549 N. Fulton Ave
5. *Full Name of Mother,*	Elizabeth Towner
6. *Mother's Maiden Name,*	Elizabeth Lyon
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	B. P. Towner
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo W Norris M.D
Address,	1621 Pursman
Remarks,	

8950002902

Wm J C. Dulany Co., City Printers and Stationers.

...said occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 65259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4

1. *Sex,* (*state whether male or female*) male
2. *Race or Color,* (*if not of the white race*) color
3. *Date of Birth,* may. 11
4. *Place of Birth,* (*Street and Number*) 327 henrietta St
5. *Full Name of Mother,* Annie F Stall
6. *Mother's Maiden Name,* Annie F Gramby
7. *Mother's Birthplace,* Norfolk va
8. *Full Name of Father,* Edward E Stall
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8950002903

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 65238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 11 1895
4. *Place of Birth, (Street and Number)* 204 S Bond
5. *Full Name of Mother,* Drancy Chauvat
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Chauvat
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Watts

Address, 1 Washington Pl

Remarks,

8950002904

and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65-259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 birth.

1. Sex, (state whether male or female) Small Child.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, May 11th 1865
4. Place of Birth, (Street and Number) 5:20 Parish ale.
5. Full Name of Mother, Mary. Richmond. age 24
6. Mother's Maiden Name, Mary. Jones.
7. Mother's Birthplace, Middle pt. Ca. Va.
8. Full Name of Father, Elze. Richmond. age 22
9. Father's Occupation, Common Labor.
10. Father's Birthplace, Essex Co. Va.

Name of Medical Attendant, or other person who makes this Return, Cyrus. Reid.

Address, 417 Parrish alley.

Remarks,

8250002905

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

over

RETURN OF A BIRTH. 65260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Minnie Frances Menche

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 11. 1895

4. Place of Birth, (Street and Number) 1138 Pinckney St

5. Full Name of Mother, Mamie. Menche

6. Mother's Maiden Name, " Evans

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, William Menche

9. Father's Occupation Piano. Maker

10. Father's Birthplace, Balto, Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Bruce

Address, W. Y. Cross

Remarks,

8950002906

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4-

1. *Sex,* (*state whether male or female*) boy
2. *Race or Color,* (*if not of the white race*) colored
3. *Date of Birth,* 11 may 1895 - 8½ oclock am
4. *Place of Birth,* (*Street and Number*) 1610 chase st
5. *Full Name of Mother,* mary lizzie Banks
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* md
8. *Full Name of Father,* George cook
9. *Father's Occupation,* Brick yard and oyster shucker
10. *Father's Birthplace,* md

Name of Medical Attendant, or other person who makes this Return. Josephine Cooper

Address, 913 Hunter stree

Remarks, mother and child doing well

Baltimore city

8 1/3 50002907

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practitioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63262

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Irish
3. *Date of Birth* May 11, 95
4. *Place of Birth (Street and Number)* 570 Mc Mechen St.
5. *Full Name of Mother* Delia Ward Byrnes
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Wm Byrnes
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. J. D. Gobrecht

Address 1214 Division Ave.

Remarks

8 9 5 0 0 0 2 9 0 8

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 65263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 12 95
4. *Place of Birth, (Street and Number)* 1203 Ensor St
5. *Full Name of Mother,* Elizabeth Grimath
6. *Mother's Maiden Name,* " Hauser
7. *Mother's Birthplace,* Balto Co
8. *Full Name of Father,* Charles Grimath
9. *Father's Occupation,* Cake Baker
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Jno. L. Pickel.

Address, 1312 Ashland ave

Remarks,

8 9 5 0 0 0 2 9 0 9

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Girl.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12th May 1895
4. *Place of Birth, (Street and Number)*	1626 N. Durham St.
5. *Full Name of Mother,*	Caroline Harapt.
6. *Mother's Maiden Name,*	Caroline Fuchs
7. *Mother's Birthplace,*	Bayern
8. *Full Name of Father,*	John Harapt.
9. *Father's Occupation*	Tinner
10. *Father's Birthplace,*	Oesterreich
Name of Medical Attendant, or other person who makes this Return,	Mary Elias
Address,	1625 N. Hopkins Ave
Remarks,	

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

6 7 5 0 0 0 2 9 1 0

KODAK SAFETY FILM

RETURN OF A BIRTH. 15263

GIVEN NAME ADDED, 8/8/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Grace Fannie Howard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 12/95
4. Place of Birth, (Street and Number) Rear Bowery above Hardy
5. Full Name of Mother, Lelia Howard
6. Mother's Maiden Name, Lelia Ferguson
7. Mother's Birthplace, Carroline Co Va
8. Full Name of Father, Bruce Howard
9. Father's Occupation Labor
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, #8 Cabot St Hardy

Remarks, Ill

Ora book

8950002911

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be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of A certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Been collected its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 12th 1895
4. *Place of Birth, (Street and Number)* 116 Parish Alley
5. *Full Name of Mother,* Leslie Johnson
6. *Mother's Maiden Name,* Leslie Pinkney
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Peter Johnson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Carroll Co

Name of Medical Attendant, or other person who makes this Return, Mary Sharp

Address, 1809 London Street

Remarks,

8 9 5 0 0 2 9 1 2

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 65267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 10 Child.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* May 12 1895.
4. *Place of Birth, (Street and Number)* 5 N Myrtle Ave.
5. *Full Name of Mother,* Mrs Maria Jenkins.
6. *Mother's Maiden Name,* Miss Maria Watson.
7. *Mother's Birthplace,* Georgetown Washington.
8. *Full Name of Father,* Mr. W^m Fleny Jenkins.
9. *Father's Occupation.* Barber.
10. *Father's Birthplace,* Eastern Maryland.

Name of Medical Attendant, or other person who makes this Return. Mrs Harriet Myers.

Address, 728 Bentalou Street.

Remarks,

8950002913

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

nd occupation of its parents, the date and place of birth; and the
y the practitioner in the form of a certificate between the first and
ice of the Commissioner of Health. In case the birth of any child
cian or practioner of midwifery, or should no other person be in
reafter it shall become the duty of the person or parents of such
f Health, in the manner and within the period above required, and
fail to comply with the provisions of this section shall be sub-
ence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 13/95
4. *Place of Birth, (Street and Number)* 205 S. Gilmanock
5. *Full Name of Mother,* Sadie B. Deube
6. *Mother's Maiden Name,* Sadie B. Henry
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* John H. Deube
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Fabian M.D.

Address, 209 North Broadway

Remarks, Born 4/6.2 A.M.

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been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ninth -
1. *Sex, (state whether male or female)*	Male -
2. *Race or Color, (if not of the white race)*	White - (German)
3. *Date of Birth,*	May 13. 1895.
4. *Place of Birth, (Street and Number)*	1228 N. Stricker St.
5. *Full Name of Mother,*	Jennie Kahn -
6. *Mother's Maiden Name,*	Jennie Yingling -
7. *Mother's Birthplace,*	Carroll County -
8. *Full Name of Father,*	Henry N. Kahn -
9. *Father's Occupation*	Book-Keeper -
10. *Father's Birthplace,*	Baltimore City -
Name of Medical Attendant, or other person who makes this Return,	E. A. Holbrook. M.D.
Address,	714 N. Carey st.
Remarks,	

0750002915

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-2-55

RETURN OF A BIRTH.

65-270

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Louise Margaret Weis (Sixth 6th)

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 13 1895
4. *Place of Birth* (Street and Number) 1611 Pennsylvania Ave
5. *Full Name of Mother* Maggie Weis
6. *Mother's Maiden Name* " Weisfeld
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Louis J. Weis
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. C. Truxell M.D.

Address 558 Mosher St

Remarks

8950002916

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 65271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 13 1905
4. *Place of Birth, (Street and Number)* # 4 E. York Street Balto.
5. *Full Name of Mother,* Lena Luettner
6. *Mother's Maiden Name,* Lena Preuss
7. *Mother's Birthplace,* Hungarian
8. *Full Name of Father,* Pat Luettner
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Lena Farber

Address, # E. York St Balto.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

0 7 5 0 0 0 2 9 1 7

...been entered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 13 1895
4. *Place of Birth, (Street and Number)*	Washington Ave
5. *Full Name of Mother,*	Mary A Albers
6. *Mother's Maiden Name,*	" Gallagher
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Henry A Albers
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Taylors St Dorchester County
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary Morgan
Address,	412 Scott St
Remarks,	

8950002918

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or feale)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 14th 95.
4. *Place of Birth, (Street and Nuber)* 443 Windsor Ave.
5. *Full Name of Mother,* Pauline Kirchner
6. *Mother's Maiden Name,* Pauline Schaefer
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Aaron Edward Kirchner
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, (other person who makes this Return,) Henry C. Price. M.D.

Address, 1702 West Fayette St.

Remarks,

3,500029 19

register of such birth, and shall enter the same under his or her care during the
the births which have occurred under his or her care during the
an be ascertained the full name of each child, (if any shall have
d occupation of its parents, the date and place of birth; and the
the practitioner in the form of a certificate between the first and
ce of the Commissioner of Health. In case the birth of any child
cian or practioner of midwifery, or should no other person be in
reafter it shall become the duty of the person or parents of such
Health, in the manner and within the period above required, and
fail to comply with the provisions of this section shall be sub-
nce, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3R

1. *Sex, (state whether male ~~or female~~)*

2. *Race or Color, (~~if not of~~ the white race)*

3. *Date of Birth,* May 14R 1895.

4. *Place of Birth, (Street and Number)* 2018 E. McElderry St.

5. *Full Name of Mother,* Ella Noll Berry.

6. *Mother's Maiden Name,* " Noll.

7. *Mother's Birthplace,* Philadelphia.

8. *Full Name of Father,* Edward Z Berry

9. *Father's Occupation* Silversmith

10. *Father's Birthplace,* Balto City.

Name of Medical Attendant, or other person who makes this Return, J. Ridgway Andre M.D.

Address, 1123 E Balto St.

Remarks, 8950002920

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RETURN OF A BIRTH 65275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* 14. May 1895
4. *Place of Birth, (Street and Number)* 10 Andrews av.
5. *Full Name of Mother,* Grace Payne
6. *Mother's Maiden Name,* Grace Sudrick
7. *Mother's Birthplace,* Wash, D.C.
8. *Full Name of Father,* Benj Payne
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* King Georges Co.

Name of Medical Attendant, or other person who makes this Return. H. Baughman M.D.

Address, Guilford Ave

Remarks, Normal Delivery

8750002921

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 14th 1893
4. *Place of Birth, (Street and Number)* 2257 Chestnut Street
5. *Full Name of Mother,* .....
6. *Mother's Maiden Name,* Jennett Ross
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Chester
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jane West

Address, 804 Stirling Street

Remarks, ...

8 4 5 0 0 0 2 9 2 2

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RETURN OF A BIRTH. 65277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 14 1875
4. *Place of Birth, (Street and Number)* Dec. 1912 Sherwood ave
5. *Full Name of Mother,* Kate Rafferty
6. *Mother's Maiden Name,* Kate Duffy
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Peter Rafferty
9. *Father's Occupation* Engineman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Eug. L. Elwell MD

Address, 1241 Harford ave

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 5 0 0 0 2 9 2 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

tion of its parents, the date and place of birth; and the
ctitioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
ractioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
n the manner and within the period above required, and
omply with the provisions of this section shall be sub-
e recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 14 1895.

4. *Place of Birth, (Street and Number)* In. 266 Harford ave. ext.

5. *Full Name of Mother,* Elizabeth Winfield

6. *Mother's Maiden Name,* Elizabeth Handles

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* James L. Winfield

9. *Father's Occupation* Potter

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Asa. Dr. Colwell Hobbs

Address, 1241 Harford ave.

Remarks,

8750002924

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* May 11th 1875
4. *Place of Birth, (Street and Number)* 262 Montgomery st
5. *Full Name of Mother,* Mary Hubbert
6. *Mother's Maiden Name,* Mary Webb
7. *Mother's Birthplace,* Middlesex Co Va
8. *Full Name of Father,* Henry Hubbert
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* North Umberland Co Va

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams

Address, 910 Eden Alley

Remarks,

8 9 5 0 0 0 2 9 2 5

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Mother, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 15280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 16 1895
4. *Place of Birth, (Street and Number)* 1129 Battery ave
5. *Full Name of Mother,* Rihna guarda Solavan
6. *Mother's Maiden Name,* Nesel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Solavan
9. *Father's Occupation* Workmann
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Carolina Edwards

Address, 434 E Fort ave

Remarks,

1895 0 0 0 2 9 2 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born May 15th 1895
4. *Place of Birth, (Street and Number)*	#1129 Woodyear St
5. *Full Name of Mother,*	Mrs. Emma. Smith
6. *Mother's Maiden Name,*	Miss " Wigginton
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Thomas. Smith
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hiller
Address,	#2008 Mt. Henry St
Remarks,	

8950002927

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 May 1895
4. Place of Birth, (Street and Number) Baltimore city 1124 Hubert st
5. Full Name of Mother, Ella McDonale
6. Mother's Maiden Name, Ella Dwyer
7. Mother's Birthplace, County Sligo ireland
8. Full Name of Father, John McDonale ireland
9. Father's Occupation, Labor
10. Father's Birthplace, County Sligo Ireland

Name of Medical Attendant, or other person who makes this Return, Cornelia Allen

Address, 1407 Nicholson st City

Remarks,

8950002928

Wm J C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) forth

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* May 15. 1895
4. *Place of Birth, (Street and Number)* 526 Rogers ave.
5. *Full Name of Mother,* Annie Turner
6. *Mother's Maiden Name,* Annie Williams
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Edward Turner
9. *Father's Occupation* Labor
10. *Father's Birthplace,* N. Carolina

Name of Medical Attendant, or other person who makes this Return, Elizabeth Champs

Address, 530 Rogers ave.

Remarks,

B 7 5 0 0 0 2 9 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 16 1895
4. *Place of Birth, (Street and Number)* 1818 Gough St
5. *Full Name of Mother,* Lydia Bennett
6. *Mother's Maiden Name,* " Lynch
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Frank Bennett
9. *Father's Occupation* Can Maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. R. W. Mansfield M.D.

Address, 129 S Broadway

Remarks,

8 9 5 0 0 0 2 9 3 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male or female)* female Child
2. *Race or Color, (if not of the white race)* white Child
3. *Date of Birth,* 16th Day of May
4. *Place of Birth, (Street and Number)* 1135 South Paca st. Baltimore
5. *Full Name of Mother,* Mahaley Virginia Walker
6. *Mother's Maiden Name,* Mahaley Virginia Jenkins
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Albert William Walker
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 711 E Lovat

Remarks,

8 9 5 0 0 0 2 9 3 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

tained the full name of each child, (if any shall have
on of its parents, the date and place of birth; and the
tioner in the form of a certificate between the first and
commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner
shall become the duty of the person or parents of such
the manner and within the period above required, and
ply with the provisions of this section shall be sub-
recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained
been conferred) its sex, color, the full name and occupation of its
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissioner
attendance upon the mother, immediately thereafter it shall become the
child to report its birth to the Commissioner of Health, in the manner
any such person or persons who shall hereafter fail to comply with
jected to the fine of ten (10) dollars for each offence, to be recovered

RETURN OF A BIRTH. 15386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* May 16
4. *Place of Birth, (Street and Number)* 1825 Ramsey St
5. *Full Name of Mother,* Laura Donohue
6. *Mother's Maiden Name,* " Ryan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Donohue
9. *Father's Occupation* Moulder
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Morgan

Address, 412 Scott St

Remarks,

6 7 5 0 0 0 2 9 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 16 1895
4. *Place of Birth, (Street and Number)* Atlantic City N.J. 131 Newjersey Ave.
5. *Full Name of Mother,* Araminta Wilson
6. *Mother's Maiden Name,* Araminta Elbert
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* C. B. Wilson
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Rent Island Virg.

Name of Medical Attendant, or other person who makes this Return, Mary Lampson

Address, 11h Michigan Ave Atlantic City N.J.

Remarks,

' 8950002933

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, John Edward Donnelly

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 16th 1895.
4. *Place of Birth, (Street and Number)* 1611 N. Lexington St.
5. *Full Name of Mother,* Ella D. Donnelly
6. *Mother's Maiden Name,* Ella Draper
7. *Mother's Birthplace,* Balt. City
8. *Full Name of Father,* John J. Donnelly
9. *Father's Occupation,* Driver for Butzler Bros.
10. *Father's Birthplace,* New Jersey

Name of Medical Attendant, or other person who makes this Return, Thos. J. P. McCormick M.D.

Address, 1421 Eutaw Place

Remarks,

1895000293 4

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

above, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	2nd.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	16th "
4. *Place of Birth, (Street and Number)*	#65-2. Vine. St.
5. *Full Name of Mother,*	Jennie Lonallwood.
6. *Mother's Maiden Name,*	Jennie Boston
7. *Mother's Birthplace,*	Anna Co. " Md
8. *Full Name of Father,*	Robert Lonallwood
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Charles Co. " Md
Name of Medical Attendant, or other person who makes this Return.	
Address,	
Remarks,	

8 9 5 0 0 0 2 9 3 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...shall see forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 i

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 17th 1895
4. *Place of Birth, (Street and Number)* Baltimore Md. St. Pleasant
5. *Full Name of Mother,* Anne M. Arnold
6. *Mother's Maiden Name,* Gerber.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John J. Arnold
9. *Father's Occupation* Builder
10. *Father's Birthplace,* Charlestown S. C.

Name of Medical Attendant, or other person who makes this Return, M. Barry

Address, 714 N. Exeter

Remarks,

8 9 5 0 0 0 2 9 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

the ascertained the full name of each child, (if any shall have occupation of its parents, the date and place of birth, and the e practitioner in the form of a certificate between the first and of the Commissioner of Health. In case the birth of any child n or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ild to report its birth to the Commissioner of Health, in the manner and within the period above required, and il to comply with the provisions of this section shall be sub- e, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 & child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 17, 1895

4. *Place of Birth, (Street and Number)* 214 E Exeter Street Baltimore Md.

5. *Full Name of Mother,* Lena Rosenblatt

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Mr. B. Rosenblatt

9. *Father's Occupation* Carpenter

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Barker

Address, 214 E. York Street Baltimore Md

Remarks,

8750009937

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65-293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Twin

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* 17 Mai 1895
4. *Place of Birth, (Street and Number)* 111 No Exeter st
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Betty Lapin
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Abraham Lapin
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Linor Saunders

Address, 1113 E Brott st

Remarks,

89500002938

Wm J C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.

3. Date of Birth, May 17 / 95

4. Place of Birth, (Street and Number) 2262 Darmouth av.

5. Full Name of Mother, Annie D. Keller

6. Mother's Maiden Name, " " Clark

7. Mother's Birthplace, Saratoga N. Y.

8. Full Name of Father, Louis H. Keller

9. Father's Occupation, Ice Cream Mfr

10. Father's Birthplace, New York City

Name of Medical Attendant, or other person who makes this Return, Edw. L. Williams

Address, C. M. Bay

Remarks, 8950002939

Wm. J. C. Dulany Co., City Printers and Stationers.

65294

RETURN OF A BIRTH.

GIVEN NAME ADDED. 8-5-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: James Theodore Douglas 4th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 17/98

4. Place of Birth, (Street and Number) 1537 E. Fayette St

5. Full Name of Mother, Annie Douglas

6. Mother's Maiden Name, Phillips

7. Mother's Birthplace, Balto City

8. Full Name of Father, Wm. Douglas

9. Father's Occupation Laborer

10. Father's Birthplace, Wycomico Co. Md.

Name of Medical Attendant, or other person who makes this Return, J. C. Ohlendorf M.D.

Address, 518 N. Bond St

Remarks, 8950002940

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 65-295-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Color

3. Date of Birth, May 17: 1845

4. Place of Birth, (Street and Number) 324 King st

5. Full Name of Mother, Anne Jannly

6. Mother's Maiden Name, Anne E Lamar

7. Mother's Birthplace, Centreville Queen anns

8. Full Name of Father, John Jannly

9. Father's Occupation Labor

10. Father's Birthplace, Caftur Co

Name of Medical Attendant, or other person who makes this Return. Charlotte Williams

Address, 910 Louden Ridd st

Remarks, 8 9 5 U 0 0 2 9 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

...mother, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4/2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 18th 95
4. *Place of Birth, (Street and Number)* the 712 Ramsey st Balto
5. *Full Name of Mother,* Mrs Katie M. Weinhardt
6. *Mother's Maiden Name,* Mrs Katie M. Mommich
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Chas L. Weinhardt
9. *Father's Occupation* Confection
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 711 Cross st

Remarks,

8 9 5 0 0 0 2 9 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether male ~~or female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 18th 1895
4. *Place of Birth, (Street and Number)* 108. S. Pacca st
5. *Full Name of Mother,* Bertha Houck
6. *Mother's Maiden Name,* " Sinn
7. *Mother's Birthplace,* Frederick City Maryland
8. *Full Name of Father,* Charles Houck
9. *Father's Occupation* Tinner
10. *Father's Birthplace,* Frederick City Maryland

Name of Medical Attendant, or other person who makes this Return, Frank W. Gemmand

Address, 322 W Green st

Remarks,

8 9 5 0 0 0 2 9 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 18/96

4. *Place of Birth, (Street and Number)* 2128 E. Charles St

5. *Full Name of Mother,* Ida May watson

6. *Mother's Maiden Name,* Ida May Phillips

7. *Mother's Birthplace,* Carol Co. Md

8. *Full Name of Father,* William R. Watson

9. *Father's Occupation* R. R. Brakeman

10. *Father's Birthplace,* Anne Arundel Co. Md

Name of Medical Attendant, or other person who makes this Return. E. Michaeux M.D.

Address, 411 E. Chase St

Remarks,

8250002944

Wm. J. C. Dulany Co., City Printers and Stationers.

...tion of its parents, the date and place of birth; and the ...titioner in the form of a certificate between the first and ... Commissioner of Health. In case the birth of any child ...ractioner of midwifery, or should no other person be in ... shall become the duty of the person or parents of such ...n the manner and within the period above required, and ...omply with the provisions of this section shall be sub- ...e recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 18 1895

4. Place of Birth, (Street and Number) 2126 E. Lomb. St.

5. Full Name of Mother, Lois McDonald

6. Mother's Maiden Name, Lois Hunt

7. Mother's Birthplace, Bald.

8. Full Name of Father, John McDonald

9. Father's Occupation Clerk

10. Father's Birthplace, Bald.

Name of Medical Attendant, or other person who makes this Return. R. W. Mansfield M.D.

Address, 129 S. Broadway

Remarks, 8950002945

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 18th inst.
4. *Place of Birth, (Street and Number)*	108 N. Biddle St
5. *Full Name of Mother,*	Julia Harden
6. *Mother's Maiden Name,*	Julia Jackson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Thomas Harden
9. *Father's Occupation*	Driving Cart. Salt Warehouse
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mary J. Fossett
Address,	563 N. Dolphin St
Remarks,	No.

8 9 5 0 0 0 2 9 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 18/95
4. *Place of Birth, (Street and Number)*	713 S. Fremont ave
5. *Full Name of Mother,*	Ida E. Bollman
6. *Mother's Maiden Name,*	Ida E. Young
7. *Mother's Birthplace,*	Balto city
8. *Full Name of Father,*	Maurice C. Bollman
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Balto city
Name of Medical Attendant, or other person who makes this Return,	E. Michael M.D.
Address,	411 S. Sharp st
Remarks,	

8 7 5 0 0 0 2 9 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

...pation of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...the Commissioner of Health. In case the birth of any child ...r practioner of midwifery, or should no other person be in ...it shall become the duty of the person or parents of such ...h, in the manner and within the period above required, and ...o comply with the provisions of this section shall be sub- ...o be recovered as other fines and forfeitures are recoverable.

...sex, color, the full name and occupation ... said schedule shall be delivered, duly signed by the practitio... third day of each and every month to the office of the Co... shall occur without the attendance of a physician or pract... attendance upon the mother, immediately thereafter it sha... child to report its birth to the Commissioner of Health, in t... any such person or persons who shall hereafter fail to comp... jected to the fine of ten (10) dollars for each offence, to be re...

RETURN OF A BIRTH. 65302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Kind

1. Sex, (state whether male or female) Knabe
2. Race or Color, (if not of the white race) white race
3. Date of Birth, 18 Mai 1895
4. Place of Birth, (Street and Number) 223 So Exeter st
5. Full Name of Mother, Teeny Sklosowitz
6. Mother's Maiden Name, Europa
7. Mother's Birthplace, Louis Sklosowitz
8. Full Name of Father, tailor
9. Father's Occupation, Europa
10. Father's Birthplace, Lina Handler

Name of Medical Attendant, or other person who makes this Return,

Address, 113 E Pratt st

Remarks, 8750002948

been conferred on its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12 first
1. *Sex, (state whether male or female)*	Baby girl
2. *Race or Color, (if not of the white race)*	white race
3. *Date of Birth,*	18 th May 1895
4. *Place of Birth, (Street and Number)*	1121 E Pratt st
5. *Full Name of Mother,*	Sevina Gransith
6. *Mother's Maiden Name,*	Endspin
7. *Mother's Birthplace,*	Kentin Gransith
8. *Full Name of Father,*	Store keeper
9. *Father's Occupation,*	Enxaspin
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Lina Handler
Address,	1113 E Pratt st
Remarks,	

8950002949

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 10th 1895

4. *Place of Birth, (Street and Number)* Baltimore Co. 27 Parrish St

5. *Full Name of Mother,* Lulu Sherwood

6. *Mother's Maiden Name,* Lulu Cosgrove

7. *Mother's Birthplace,* Brooklyn N. Y.

8. *Full Name of Father,* Francis Sherwood Jr

9. *Father's Occupation* Cigar Maker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr Karl Bayne

Address, 414 S Stricker St Baltimore Md

Remarks, Mother and child doing well

8 9 5 0 0 0 2 9 5 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six Children

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored race
3. *Date of Birth,* Born May 18th 1895
4. *Place of Birth, (Street and Number)* 1735 E. Orleans St. Baltimore Md.
5. *Full Name of Mother,* Harriet A. Smith
6. *Mother's Maiden Name,* Harriet A. Forest
7. *Mother's Birthplace,* Mathas County Va.
8. *Full Name of Father,* Nelson Smith
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Mathas County, Va.

Name of Medical Attendant, or other person who makes this Return, Georgianna Brooks

Address, 1751 E. Mulliken St.

Remarks, No remarks

'8950002951

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Note. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: ~~Goldie May~~ Mullican

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, May 4
4. Place of Birth, (Street and Number) 120 N Carrollton Ave
5. Full Name of Mother, A. L. ~~Brogan~~ Mullican
6. Mother's Maiden Name, " " Brogan
7. Mother's Birthplace, Ireland
8. Full Name of Father, E. M. Mullican
9. Father's Occupation Carpenter
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Mangan

Address, 112 Scott St

Remarks,

8950002952

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored race
3. *Date of Birth,* Born May 19th 1895
4. *Place of Birth, (Street and Number)* Baltimore Md 235 Pallas St.
5. *Full Name of Mother,* Rachel Hicks
6. *Mother's Maiden Name,* Rachel Saunders
7. *Mother's Birthplace,* Cambridge Md.
8. *Full Name of Father,* Albert Hicks
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Dorchester County Md.

Name of Medical Attendant, or other person who makes this Return, Georgianna Brooks

Address, 1751 E. Mulliken St

Remarks, No remarks

8950002955

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 19 1895
4. *Place of Birth, (Street and Number)* 902 Fawley St.
5. *Full Name of Mother,* Margt Rogers
6. *Mother's Maiden Name,* Ahern
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Maurice Rogers
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Sara C. Harrington

Address, 924 Binney St.

Remarks,

, 8 9 5 0 0 0 2 9 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Name, and shall so set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY NAME ADDED 4/24/95 [illegible]

RETURN OF A BIRTH. 65309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Ella Wooden

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 1895 19th of May

4. *Place of Birth, (Street and Number)* Baltimore 933 Argyle Ave

5. *Full Name of Mother,* Mary R. Wooden

6. *Mother's Maiden Name,* Mary R. Dennis

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Harry C. Wooden

9. *Father's Occupation* Telegraph Operater

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Hunt

Address, 23 N Spring St

Remarks,

8 9 5 0 0 0 2 9 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19th of May. 1894
4. Place of Birth, (Street and Number) 18 Parkin st Baltimore
5. Full Name of Mother, Cathrine Kirby.
6. Mother's Maiden Name, Cathrine Cousins
7. Mother's Birthplace, Baltimore Maryland.
8. Full Name of Father, Thomas Francis Kirby
9. Father's Occupation Shirt-Cutter
10. Father's Birthplace, Baltimore Maryland.

Name of Medical Attendant, or other person who makes this Return. Mrs Hunter

Address, 23 N Poppleton St

Remarks, 8750002956

Wm. J. C. Dulany Co., City Printers and Stationers.

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 19 May 1909
4. *Place of Birth, (Street and Number)* 1006 East Ave
5. *Full Name of Mother,* A L Davis
6. *Mother's Maiden Name,* " Macknbin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* G P Davis
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Emily M Jones

Address, 1331 Hull st Locust Point

Remarks, 7 month Death Birth

8 9 5 0 0 0 2 9 5 7

Wm. J. C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child (if any shall have
occupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
fter it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
fail to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) first

1. *Sex,* (*state whether male or female*) Male.
2. *Race or Color,* (*if not of the white race*) Colord.
3. *Date of Birth,* 19-th of may.
4. *Place of Birth,* (*Street and Number*) 868 Pierce Street.
5. *Full Name of Mother,* Mrs Maggie R. Ross.
6. *Mother's Maiden Name,* Miss Maggie Bosseau.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Mr Samuel N. Ross.
9. *Father's Occupation,* Agent
10. *Father's Birthplace,* Cambrage dorchester County Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Fannie Myers

Address, 722 Bradley St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

8950002958

RETURN OF A BIRTH. 65313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 19 Live 3 Days 1895
4. *Place of Birth, (Street and Number)* Bayard St 702
5. *Full Name of Mother,* Theresa Clara Metzler
6. *Mother's Maiden Name,* " " Hesse
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Louis Metzler
9. *Father's Occupation* Press hand
10. *Father's Birthplace,* Washington D.C

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 93 N Pennington St

Remarks, 6 months Child

8 7 5 0 0 0 2 9 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	N.
3. *Date of Birth,*	May 19/95
4. *Place of Birth, (Street and Number)*	1710 E. Biddle St.
5. *Full Name of Mother,*	Mary E. Lillman
6. *Mother's Maiden Name,*	" " Bosse
7. *Mother's Birthplace,*	B.C.
8. *Full Name of Father,*	John F. Lillman
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	B.C.
Name of Medical Attendant, or other person who makes this Return,	Geo. L. Milton
Address,	6 N. Bidy
Remarks,	

8950002960

Wm. J. C. Dulany Co., City Printers and Stationers

KODAK "U" SAFETY FILM

65-315

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 21 st 1895
4. *Place of Birth, (Street and Number)*	147 E. Randall St
5. *Full Name of Mother,*	Sadie S. Quark
6. *Mother's Maiden Name,*	Sadie S. Roach
7. *Mother's Birthplace,*	Baltimore md
8. *Full Name of Father,*	Charles W. Quark
9. *Father's Occupation,*	Ship Carpenter
10. *Father's Birthplace,*	Baltimore md
Name of Medical Attendant, or other person who makes this Return,	Ellenore A. anderson
Address,	1434 Patapsco St
Remarks,	

8950002961

Wm J C. Dulany Co., City Printers and Stationers.

d occupation of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
the practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child
third day of each and every month to the office of the Commissioner of Health, or should no other person be in
an or practitioner of midwifery, of the person or parents of such
shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such
reafter it shall become the duty of the period above required, and
attendance upon the mother, immediately thereafter it shall become the duty of the period above required, and
Health, in the manner and within the provisions of this section shall be sub-
child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub-
er fail to comply with the provisions of this section shall be
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be
nce, to be recovered as other fines and forfeitures are recoverable.
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 May 21 95
4. *Place of Birth, (Street and Number)* Garrett Ave 1365
5. *Full Name of Mother,* Emma Maywald
6. *Mother's Maiden Name,* Abs
7. *Mother's Birthplace,* Eisenach Saksen
8. *Full Name of Father,* William Maywald
9. *Father's Occupation*
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Johanna Jauske

Address, Garrett Ave 1365

Remarks,

8950002962

Wm. J. C. Dulany Co., City Printers and Stationers.

65317

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)	4th.
1. *Sex, (state whether ~~male or~~ female)*	Female.
2. *Race or Color, (if not of the white race)*	Brown. African origin.
3. *Date of Birth,*	May. 21. 1895.
4. *Place of Birth, (Street and Number)*	Welcome Alley No. 826.
5. *Full Name of Mother,*	Annie Grant.
6. *Mother's Maiden Name,*	Annie Schmidt.
7. *Mother's Birthplace,*	Baltimore. Md.
8. *Full Name of Father,*	Jessie Grant.
9. *Father's Occupation,*	Stevedore
10. *Father's Birthplace,*	Cambridge. Md.
Name of Medical Attendant, or other person who makes this Return.	A. F. Veltman. M. D.
Address,	No. 620. S. Eutaw St.
Remarks,	

8950002963

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 65318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Note. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 21/95
4. *Place of Birth, (Street and Number)* 217 W Lee st
5. *Full Name of Mother,* Annie Thompson
6. *Mother's Maiden Name,* " Murphy
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Thos. B. Thompson
9. *Father's Occupation,* R.R. Fireman
10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other person who makes this Return, E. D. Ellis M.D.

Address, 915 Light St

Remarks,

8950002964

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 65319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 21st 1895

4. *Place of Birth, (Street and Number)* Baltimore Md 406 Paca St

5. *Full Name of Mother,* Rosie Kann

6. *Mother's Maiden Name,* Rosie Mc Kean

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Ben Kann

9. *Father's Occupation* Shoemaker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr Lee Kraning

Address, 414 S Strieker St Baltimore Md

Remarks, Mother and Child at Lexington well.

8950002965

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth occurring within the limits of Baltimore City shall be reported to the Commissioner of Health, within the period of ten days after such birth, by the physician or midwife in attendance upon the mother, or in case there shall be no physician or midwife in attendance, then by the householder or owner of the premises where the birth occurred, within the period of ten days after the birth occurred; and in case the birth occurred in a boarding house, hotel, or institution, then by the person in charge thereof, within the period of ten days after the birth occurred. The return of each birth shall state the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born May 21st 1895
4. *Place of Birth, (Street and Number)*	# 306. Ramsey St
5. *Full Name of Mother,*	Mrs. Annie. Franz
6. *Mother's Maiden Name,*	Miss " Illing
7. *Mother's Birthplace,*	Saxon. Germany
8. *Full Name of Father,*	John. Franz
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Bayern Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hiller
Address,	# 2008 N. Henry St
Remarks,	

been entered) its sex, color, the full name and occupation of ... ascertained the ... said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner ... attendance upon the mother, immediately thereafter it shall be ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8450002966

Wm. J. C. Dulany Co., City Printers and Stationers.

65321

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 22 : 7 25 P m 1895
4. *Place of Birth, (Street and Number)*	1341 N Fulton ave Baltimore MD
5. *Full Name of Mother,*	maggie Doyle
6. *Mother's Maiden Name,*	maggie Donnelly
7. *Mother's Birthplace,*	Baltimore - MD
8. *Full Name of Father,*	William H Doyle
9. *Father's Occupation*	motorman on cars
10. *Father's Birthplace*	Nell Park
Name of Medical Attendant, or other person who makes this Return,	mrs mary Farsey
Address,	1500 Gorman st midwife
Remarks,	Healthey Child

8 7 5 0 0 0 2 9 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 8h

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, May 22 /95
4. Place of Birth, (Street and Number) 1021 Druid St.
5. Full Name of Mother, Mary E. MacKenzie
6. Mother's Maiden Name, " " Rudd
7. Mother's Birthplace, B.C.
8. Full Name of Father, Wm. J. Mackenzie
9. Father's Occupation Laborer
10. Father's Birthplace, B.C.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Williams

Address, 6 N. Bond

Remarks,

8950002768

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be sued for and recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 65-323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 22 1895
4. *Place of Birth, (Street and Number)* 987 Forrest st
5. *Full Name of Mother,* Ruth Carroll
6. *Mother's Maiden Name,* Ruth Andersson
7. *Mother's Birthplace,* Delaware
8. *Full Name of Father,* Andrew Carroll
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Delaware

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Dibbs

Address, 914 Clifton Place

Remarks,

B 2500002969

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 65324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5/22/95
4. *Place of Birth, (Street and Number)* 920 Light st.
5. *Full Name of Mother,* Florence André
6. *Mother's Maiden Name,* " Wells
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Albert André
9. *Father's Occupation,* Telegraph Operator
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. E L Ellis

Address, 915 Light st

Remarks,

8 4 5 0 0 0 2 9 7 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 65325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) F.
2. Race or Color, (if not of the white race) Col'd.
3. Date of Birth, May 23d - 1895
4. Place of Birth, (Street and Number) 1536 Penna Ave
5. Full Name of Mother, Lizzie Austen
6. Mother's Maiden Name, Lotherer
7. Mother's Birthplace, St Mary's Co. Md.
8. Full Name of Father, William Robt Austen
9. Father's Occupation Waiter
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return, Dr Harvey Hillyard

Address, 807 N. Arlington Ave

Remarks,

0 9 5 0 0 0 2 9 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	may 1st 1895
4. *Place of Birth, (Street and Number)*	1151 N. mount st
5. *Full Name of Mother,*	Editha D. Clark
6. *Mother's Maiden Name,*	" Barr
7. *Mother's Birthplace,*	Winchester Virginia
8. *Full Name of Father,*	Edwin S. Clark
9. *Father's Occupation*	Salesman
10. *Father's Birthplace,*	A. & Co. Maryland
Name of Medical Attendant, or other person who makes this Return,	J Harvey Hill md
Address,	807 N. allington ave
Remarks,	

8950002972

Wm. J. C. Dulany Co., City Printers and Stationers

be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 tte
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1 tte May
4. *Place of Birth, (Street and Number)*	1210 Hanover St.
5. *Full Name of Mother,*	Pauline Flick
6. *Mother's Maiden Name,*	Jearsen
7. *Mother's Birthplace,*	Danzig
8. *Full Name of Father,*	Friedrich Bernhard Flick
9. *Father's Occupation*	Cabinet Maker
10. *Father's Birthplace,*	Homberg
Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
Address,	711 N. Eutaw st
Remarks,	

8950002973

Wm. J. C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, (if any shall have occupation of its parents, the date and place of birth; and the practitioner in the form of a certificate between the first and of the Commissioner of Health. In case the birth of any child or practicer of midwifery, or should no other person be in ter it shall become the duty of the person or parents of such lth, in the manner and within the period above required, and to comply with the provisions of this section shall be sub- to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2nd May 1895
4. *Place of Birth, (Street and Number)* Mount Hamans Bltto Co Md
5. *Full Name of Mother,* Johanna Lissita Arnold
6. *Mother's Maiden Name,* Johanna Lissita Emmerich
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John Henry Arnold
9. *Father's Occupation* Glass blower
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 Cross st

Remarks,

8950002974

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 5th 1895
4. *Place of Birth, (Street and Number)* 232 Pearl St.
5. *Full Name of Mother,* Margretta Christina Lederer
6. *Mother's Maiden Name,* Wulbrandt
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Lederer
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Gilbert Hermann Lederer Stepson

Address, 4 N De Eutaw St. Balto Md.

Remarks,

8950002975

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 5th/95
4. *Place of Birth, (Street and Number)* 1413 Druid Hill Ave
5. *Full Name of Mother,* Lula G. Donoho
6. *Mother's Maiden Name,* Lula G. Drain
7. *Mother's Birthplace,* Cambridge Md
8. *Full Name of Father,* James M Donoho
9. *Father's Occupation,* Guano Business
10. *Father's Birthplace,* East New Market Md

Name of Medical Attendant, or other person who makes this Return, Wilhelmina Hamrick Hodnett

Address, 419 N. Eutaw St.

Remarks,

8950002976

Wm J C. Dulany Co., City Printers and Stationers.

...which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner attendance upon the mother, immediately thereafter it shall be child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Geboren 5 Mój 1895
4. *Place of Birth, (Street and Number)* 735 S Bond St.
5. *Full Name of Mother,* Kiejdy Mysrak
6. *Mother's Maiden Name,* Medhen
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Grzegorz Kusrak
9. *Father's Occupation* Kotri
10. *Father's Birthplace,* Poland.

Name of Medical Attendant, or other person who makes this Return, Agnes Hadolna

Address, Thames St No 1635

Remarks, Sept.

8 7 5 0 0 0 2 9 7 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 6 1895
4. *Place of Birth, (Street and Number)* 2010 Federal St
5. *Full Name of Mother,* Mary Beck
6. *Mother's Maiden Name,* " " Shannett
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Beck
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs O Bruns

Address,

Remarks,

8 9 5 0 0 0 2 9 7 8

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 65-333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 6" 1895
4. *Place of Birth, (Street and Number)* 415 21st Street
5. *Full Name of Mother,* Josephine - A- Bacon
6. *Mother's Maiden Name,* " Lafetz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William J Bacon
9. *Father's Occupation* Car Conductor
10. *Father's Birthplace,* Liverpool England -

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, 811 Jefferson Ave Waverly City

Remarks,

8 9 5 0 0 0 2 9 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 7th 1905
4. *Place of Birth, (Street and Number)* 1506 Gay St
5. *Full Name of Mother,* Rosa Gabriel
6. *Mother's Maiden Name,* Rosa Wagant
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Louis Gabriel
9. *Father's Occupation* Peddler
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs P Burns

Address,

Remarks,

8 9 5 U 0 0 2 9 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)* M.
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* May 7
4. *Place of Birth, (Street and Number)* 1824 N. Bond St.
5. *Full Name of Mother,* Mrs. Mary M. Brannan
6. *Mother's Maiden Name,* Mary Bininger
7. *Mother's Birthplace,* City
8. *Full Name of Father,* W. F. Brannan
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, W. F. Riley M.D.

Address, 1321 E. North ave.

Remarks,

0 7 5 0 0 0 2 9 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Geboren 2 Maj 1895
4. *Place of Birth, (Street and Number)* No 727 S. Bond str.
5. *Full Name of Mother,* Mary Kowalska
6. *Mother's Maiden Name,* Son
7. *Mother's Birthplace,* Poland.
8. *Full Name of Father,* Setif Lawowski
9. *Father's Occupation* Dörzland.
10. *Father's Birthplace,* Poland.

Name of Medical Attendant, or other person who makes this Return Agnes Hodolnal

Address, Thames str. No 1635

Remarks, S put.

8950002982

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 10th 1897

4. *Place of Birth, (Street and Number)* 1714 Patterson Park Ave

5. *Full Name of Mother,* Minnie Engleman

6. *Mother's Maiden Name,* " " Doeman

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Gustave Engleman

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bruns

Address,

Remarks,

6 9 5 U 0 0 2 9 8 3

Wm. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 11th 1895
4. *Place of Birth, (Street and Number)* 1802 Lombard st
5. *Full Name of Mother,* Maggie Hunter
6. *Mother's Maiden Name,* Maggie Locke
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Christian Hunter
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Magdalena Bruns

Address,

Remarks,

8 9 5 0 0 0 2 9 8 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eaght child.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Geboren 12 Maj 195
4. Place of Birth, (Street and Number) Ann st 62 Cro 731
5. Full Name of Mother, Teodora Karpinska
6. Mother's Maiden Name, Medhen
7. Mother's Birthplace, Poland
8. Full Name of Father, Maijk Seulcsoki
9. Father's Occupation Doaland
10. Father's Birthplace, Poland.

Name of Medical Attendant, or other person who makes this Return, Agnes Kodolna

Address, Thames str. No 1635

Remarks, So not.

, 8 9 5 U 0 0 2 9 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

ths which have occurred under his or her care during the
ascertained the full name of each child, (if any shall have
upation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
r practioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
h, in the manner and within the period above required, and
o comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Geboren 12 Mäj / 95'
4. *Place of Birth, (Street and Number)* 1622 Thames St.
5. *Full Name of Mother,* Line Niedzwoska
6. *Mother's Maiden Name,* Son
7. *Mother's Birthplace,* Poland.
8. *Full Name of Father,* Alksander Gutoski
9. *Father's Occupation* Rusland
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Agnes Stodolna.

Address, Thames str: № 1635'

Remarks, 8 pt.

8950002986

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 14 1895
4. *Place of Birth, (Street and Number)* 1002 Gay et
5. *Full Name of Mother,* Maggie R Gaty
6. *Mother's Maiden Name,* " Helm'g
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Kgaty
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Magdelen Brown

Address,

Remarks,

1895000029887

Wm. J. C. Dulany Co,. City Printers and Stationers.

births which have occurred under his or her care during the
be ascertained the full name of each child, (if any shall have
occupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
er it shall become the duty of the person or parents of such
lth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 65342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 15-
4. *Place of Birth, (Street and Number)* 1223 Eutaw St.
5. *Full Name of Mother,* Caroline Gittinger
6. *Mother's Maiden Name,* Caroline Hauser
7. *Mother's Birthplace,* Balto. Co. Md.
8. *Full Name of Father,* Jas. H. Gittinger
9. *Father's Occupation,* Clothing Cutter.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Barton Dorsey M.D.

Address, 409 W Saratoga St

Remarks,

8950002988

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 17. May
4. *Place of Birth, (Street and Number)* 1516 Clement st.
5. *Full Name of Mother,* Alice Fiedler
6. *Mother's Maiden Name,* " Wildisch
7. *Mother's Birthplace,* England
8. *Full Name of Father,* John Fiedler
9. *Father's Occupation* Labour
10. *Father's Birthplace,* England.

Name of Medical Attendant, or other person who makes this Return, Geo. H. Mosman

Address, 1331 Hull St. Locust Point

Remarks,

8950002989

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~2~~ first

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 3 of May 1895
4. Place of Birth, (Street and Number) ~~1402~~ 1402 E. Lombard st
5. Full Name of Mother, Sara Lypshye
6. Mother's Maiden Name, Goodman
7. Mother's Birthplace, Hadove Konne State
8. Full Name of Father, Hyman Lypshye
9. Father's Occupation, Tailor
10. Father's Birthplace, Konne State

Name of Medical Attendant, or other person who makes this Return, Hartzell

Address, 142 N. Front st

Remarks,

1895 0002990

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 65345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth, 9 May 1905
4. Place of Birth, (Street and Number) Bell St (25½)
5. Full Name of Mother, Emma Morrison
6. Mother's Maiden Name, Emma Jenkins
7. Mother's Birthplace, Virginia
8. Full Name of Father, James Morrison
9. Father's Occupation, Laborer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. A. Bayley

Address, Guilford Ave & Bell St

Remarks,

8950002991

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 65346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 18th
4. Place of Birth, (Street and Number) Hull St 1134
5. Full Name of Mother, Rosa May Grantham
6. Mother's Maiden Name, Rosa May Somers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert George Grantham
9. Father's Occupation, Boiler making
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Mrs Ettel

Address, 1619 Cuba St

Remarks,

6 9 5 0 0 0 2 9 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

...a blank schedule, to be furnished by the Commissioner of ... the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 19 1895
4. Place of Birth, (Street and Number) Garrett Ave. 1331
5. Full Name of Mother, Mary Garner
6. Mother's Maiden Name, Mary Rayner
7. Mother's Birthplace, Germany
8. Full Name of Father, Markus Garner
9. Father's Occupation, Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Ettel

Address, 1619 Linda St

Remarks,

8950002993

Wm J. C. Dulany Co., City Printers and Stationers.

a blank schedule, to be furnished by the Commissioner of ... the same, and shall enter the same on a blank ... Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Section. The Midwife shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 21 th 1895
4. *Place of Birth, (Street and Number)* No 1141 Leadenhall st
5. *Full Name of Mother,* Lizzie Schully
6. *Mother's Maiden Name,* Lizzie Feehely
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Denney Schully
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Horning

Address, No 1517 Byrd st

Remarks,

8750082994

Wm. J. C. Dulany Co,. City Printers and Stationers.

which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 21st 1895
4. *Place of Birth, (Street and Number)* 1632 East Monument Street
5. *Full Name of Mother,* Maggie White
6. *Mother's Maiden Name,* Maggie Tingus
7. *Mother's Birthplace,* Harford Co. Md
8. *Full Name of Father,* John White
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Geo. W Dobbin M. D.

Address, The Johns Hopkins Hospital.

Remarks,

8750002995

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURNED 4/12/66

GIVEN NAME ADDED

A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MARY COUGHLIN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 28rd, 1895
4. Place of Birth, (Street and Number) Hubert St 1044
5. Full Name of Mother, Kate Coughlin
6. Mother's Maiden Name, Kate McHulty
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Coughlin
9. Father's Occupation, Labourer
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return. Mrs Ettel

Address, ~~1044~~ 1619 Cuba St

Remarks,

8 7 5 0 0 0 2 9 9 6

Wm J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall either the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* May 7
4. *Place of Birth, (Street and Number)* 677 W Lombard St
5. *Full Name of Mother,* Mary Welles
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return Mary J. Dick M.D.

Address, 677 W. Lombard St

Remarks,

8750002997

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 65352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall occur, shall register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* May 25 1941
4. *Place of Birth, (Street and Number)* 1210 Jefferson st
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Annie Jollie
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Miss Mary Tibbs

Address, 914 Clifton Place

Remarks, Father unknown

845U002998

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 65-353

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 23. 1895
4. Place of Birth, (Street and Number) 1173. Hull St
5. Full Name of Mother, Annie Burns
6. Mother's Maiden Name, Annie Moran
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Burns
9. Father's Occupation, Labor
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Etter

Address, 1619. Cuba St

Remarks, 8950002999

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 3 — 1895
4. *Place of Birth, (Street and Number)* 409 Dover St
5. *Full Name of Mother,* Julia Ransom
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return Dr. Dick

Address, 627 W. Lombard St

Remarks, ...

0 7 5 0 0 0 3 0 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65-354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* May 2 - 95
4. *Place of Birth, (Street and Number)* 677 W. Lombard St
5. *Full Name of Mother,* Maggie Todd
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M R Brum M. D.

Address, 677 W. Lombard St.

Remarks,

67500030001

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66-356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* May 7-95
4. *Place of Birth, (Street and Number)* 622 N. Lombard St
5. *Full Name of Mother,* Minnie Lane
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. McF Dick M. D.

Address, 622 N. Lombard St

Remarks,

8 9 5 0 0 0 3 0 0 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 6-95
4. *Place of Birth, (Street and Number)* 627 W Lombard st
5. *Full Name of Mother,* Rachel Brown
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return J McF Dick M.D.

Address, 627 W Lombard St

Remarks,

0750003003

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~Male~~
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	May 7 ~ 1895
4. *Place of Birth, (Street and Number)*	729 E Eager St
5. *Full Name of Mother,*	Addie Wright
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	—
8. *Full Name of Father,*	—
9. *Father's Occupation*	~
10. *Father's Birthplace,*	—
Name of Medical Attendant, or other person who makes this Return	Dr Brun
Address,	622 W. Lombard
Remarks,	

0 7 5 0 0 0 3 0 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can been conferred) its sex, color, the full name and o said schedule shall be delivered, duly signed by the third day of each and every month to the office shall occur without the attendance of a physician attendance upon the mother, immediately thereaf child to report its birth to the Commissioner of He any such person or persons who shall hereafter fail jected to the fine of ten (10) dollars for each offence

RETURN OF A BIRTH. 65360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* May 8-95
4. *Place of Birth, (Street and Number)* 617 N. Lombard St
5. *Full Name of Mother,* Lottie Harris
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant or other person who makes this return, M. R. Brinn Jr. D.

Address, 617 N. Lombard St

Remarks,

8 9 5 0 0 0 3 0 0 5

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* N
3. *Date of Birth,* May 5- 95
4. *Place of Birth, (Street and Number)* 627 W Lombard st
5. *Full Name of Mother,* Teresa Garnest
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. J McG- Dick M.D

Address, 627 W Lombard st

Remarks,

0 7 5 0 0 0 3 0 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 9 - 95
4. *Place of Birth, (Street and Number)* 617 W Lombard St
5. *Full Name of Mother,* Francis Robinson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return W. J. Dick. M. D.

Address, 617 W. Lombard St

Remarks,

8750003007

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) N
3. Date of Birth, May 9 - 25
4. Place of Birth, (Street and Number) 677 N. Lombard St
5. Full Name of Mother, Daisy Kneller
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant or other person who makes this Return. M. R. Brinn M. D.

Address. 677 N. Lombard St.

Remarks.

8450003008

Wm. J. C. Dulany Co., City Printers and Stationers.

65-364

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female).* male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* May 6th 11 N. Lombard St
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Ida Dennis
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Jno. Dick. M. D.

Address, 617 N. Lombard St.

Remarks,

8750003009

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* May 11 1915
4. *Place of Birth, (Street and Number)* 627 W. Lombard St
5. *Full Name of Mother,* Maud Clark
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M R Brinn M. D.

Address, 627 W. Lombard St.

Remarks,

8950003010

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 14 - 1892
4. *Place of Birth, (Street and Number)* 930 Back Alley
5. *Full Name of Mother,* Sarah Riggs
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Dr Dick

Address, 617 W Lombard St

Remarks,

8950003011

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* May 14 - 1895
4. *Place of Birth, (Street and Number)* 5 1/2 Bus & Shirley alley
5. *Full Name of Mother,* Lottie Danielson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, A. Bruin

Address, 677 W. Lombard St

Remarks,

6 7 5 0 0 0 3 0 1 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* May 14 1892
4. *Place of Birth, (Street and Number)* 607 S. Eutaw St
5. *Full Name of Mother,* Louisa Gaskins
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Dr Brown

Address, 622 W. Lombard St

Remarks,

8950003013

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* May 24 - 95
4. *Place of Birth, (Street and Number)* 617 W. Lombard St
5. *Full Name of Mother,* Mrs. Granberry
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. McG. Dick M. D.

Address, 617 W. Lombard St

Remarks,

6 7 5 0 0 0 3 0 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* N
3. *Date of Birth,* May 10 1900
4. *Place of Birth, (Street and Number)* 622 W. Lombard St
5. *Full Name of Mother,* Rachel Shipley
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, W. P. Bruns M. D.

Address, 622 W. Lombard St.

Remarks,

0750003015

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* May 16 - 95
4. *Place of Birth, (Street and Number)* 617 W. Lombard St
5. *Full Name of Mother,* Bettie Webb
6. *Mother's Maiden Name,* .....
7. *Mother's Birthplace,* .....
8. *Full Name of Father,* .....
9. *Father's Occupation* .....
10. *Father's Birthplace,* .....

Name of Medical Attendant, or other person who makes this Return) Mag Dick. M.D.

Address, 617 W. Lombard St

Remarks, ...

8 9 5 0 0 0 3 0 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* N
3. *Date of Birth,* May 16 1893
4. *Place of Birth, (Street and Number)* 1042 Saratoga St
5. *Full Name of Mother,* Addie Allen
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Dr Brunn

Address, 622 N. Lowland St

Remarks,

C 7 5 0 0 0 3 0 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 17 95
4. *Place of Birth, (Street and Number)* 622 N. Lombard St
5. *Full Name of Mother,* Maria Cole
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. F. Brun M.D.

Address, 622 N. Lombard St

Remarks,

8950003018

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* May 17 - 95
4. *Place of Birth, (Street and Number)* 1216 S. Paca St.
5. *Full Name of Mother,* Mary Pinder
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Dr Dick

Address, 617 W. Lombard St.

Remarks,

8750003019

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occ
said schedule shall be delivered, duly signed by the p
third day of each and every month to the office of
shall occur without the attendance of a physician o
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Healt
any such person or persons who shall hereafter fail to
jected to the fine of ten (10) dollars for each offence, to

be ascertained the full name of each child, (if any shall have
nd occupation of its parents, the date and place of birth; and the
y the practitioner in the form of a certificate between the first and
ffice of the Commissioner of Health. In case the birth of any child
ician or practioner of midwifery, or should no other person be in
reafter it shall become the duty of the person or parents of such
f Health, in the manner and within the period above required, and
r fail to comply with the provisions of this section shall be sub-
fence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 16 98
4. *Place of Birth, (Street and Number)* 622 N. Lombard St
5. *Full Name of Mother,* Bertha Carter
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this return Dr. M. R. Brun M.D.

Address, 622 N. Lombard St

Remarks,

8 4 5 0 0 0 3 0 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

65-376

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2 Girls / Twins

1. *Sex, (state whether male or female)* &

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* May 18 1895

4. *Place of Birth, (Street and Number)* 717 Rock St

5. *Full Name of Mother,* Mary Annie Clark

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Dr Brun

Address, 647 W. Lombard St

Remarks,

8950003021

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, physician or other person who shall attend upon the birth of each child, (if any shall have occurred without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 19 - 25
4. *Place of Birth, (Street and Number)* 1017 W. Lanvale St
5. *Full Name of Mother,* Annie Walker
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant or other person who makes this Return, M. J. Dick M. D.

Address, 622 W Lanvale St

Remarks,

8 9 5 0 0 0 7 0 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65-378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 19-95
4. *Place of Birth, (Street and Number)* 610 Wayne st
5. *Full Name of Mother,* Sarah E Nash
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who made this Return Dr Rick

Address, 617 N. Lombard st

Remarks,

8750003023

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female).* Female
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* May 23 95
4. *Place of Birth, (Street and Number)* 717 Eden St
5. *Full Name of Mother,* Billie May Brown
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Dr Bruin

Address, 622 N. Lombard St

Remarks,

8 5 0 0 0 3 0 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* May 23 95
4. *Place of Birth, (Street and Number)* 603 Norwood Court
5. *Full Name of Mother,* Belle Derby
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Dr Bruin

Address, 677 N. Lombard St

Remarks,

8 7 5 0 0 0 3 0 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

65-381

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 23 - 95
4. Place of Birth, (Street and Number) 677 W. Lombard st
5. Full Name of Mother, Mary Ellis
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. McF Dick M.D.

Address, 677 W. Lombard St.

Remarks,

8950003026

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 27 95
4. *Place of Birth, (Street and Number)* 627 W. Lombard St
5. *Full Name of Mother,* Sallie Waters
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Jno R Bruin Jr. M. D.

Address, 627 W. Lombard St

Remarks,

8750003027

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* May 27 - 25
4. *Place of Birth, (Street and Number)* 136 Church St
5. *Full Name of Mother,* Carrie Ward
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Dr. Brun

Address, 677 W. Lombard St

Remarks,

8750003028

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 27
4. *Place of Birth, (Street and Number)* 627 W. Lombard St
5. *Full Name of Mother* Louisa Taylor
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. J. McG. Dick M. D.

Address, 627 W. Lombard St

Remarks,

8 7 5 0 0 0 3 0 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* May 30- 95-
4. *Place of Birth, (Street and Number)* # 1007 Harmony Lane
5. *Full Name of Mother,* Annie Gould
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Dr Dick

Address, 677 W. Lombard St

Remarks,

8 9 5 0 0 0 3 0 3 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female

1. Sex, (state whether male or female) W

2. Race or Color, (if not of the white race) May 30 '25

3. Date of Birth, 617 N. Lombard

4. Place of Birth, (Street and Number) Lena Linton

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jno R Bruin Jr. M. D.

Address, 617 N. Lombard St

Remarks,

8750003031

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 30 95
4. *Place of Birth, (Street and Number)* 627 W. Lombard St
5. *Full Name of Mother,* Georgie Williams
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return Mc F. Lack. M. D.

Address, 627 W. Lombard St

Remarks,

1895 0007032

Wm. J. C. Dulany Co., City Printers and Stationers.

65388

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* May 31st 95
4. *Place of Birth, (Street and Number)* 848 Pelham St
5. *Full Name of Mother,* Mary Etta Dorsey
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. M. Dick M.D.

Address,

Remarks,

8 9 5 0 0 0 3 0 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

ascertained the full name of each child, (if any shall have *the same can be ascertained) its sex, color, the full name and occupation of its parents, the date and place of birth; and the* *been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.*

RETURN OF A BIRTH. 65389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* May 31 1895
4. *Place of Birth, (Street and Number)* 632 W. Lombard St
5. *Full Name of Mother,* Sarah Watts
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. J. Deck M.D.

Address, 632 W. Lombard St.

Remarks,

8950003034

Wm. J. C. Dulany Co., City Printers and Stationers.

been registered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 2-15-56

RETURN OF A BIRTH. 65390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Melvina Isabelle Joyner

1. Sex, (state whether male or female) Female (6 mo)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 21 St 1895
4. Place of Birth, (Street and Number) 667 W. Fayette St
5. Full Name of Mother, Ella Griffin
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Dr. J. Bruin

Address, 677 W. Lombard St.

Remarks,

8950003035

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored.
3. *Date of Birth,*	May 2nd 96
4. *Place of Birth, (Street and Number)*	Hospital 113-115 N. Lombard
5. *Full Name of Mother,*	Mary Callahan
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	Lehm. E. Brack M.D.
Address,	113+115 N. Lombard St.
Remarks,	

8950003036

Wm. J. C. Dulany Co., City Printers and Stationers.

...ation of its parents, the date and place of birth; and the ... birth; and the ... practitioner in the form of a certificate the birth of any child ... Commissioner of Health. In case the ... person be in ... practitioner of midwifery, or should no other person or parents of such ... shall become the duty of the person or parents, and ... the manner and within the period above required, and ... with the provisions of this section shall be sub- ... comply with the provisions of this section shall be ... be recovered as other fines and forfeitures are recoverable.

...ben Sheffer). Its sex, color, the full name and occupation ... said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commissioner ... shall occur without the attendance of a physician or practitioner ... attendance upon the mother, immediately thereafter it shall become ... child to report its birth to the Commissioner of Health, in the manner ... any such person or persons who shall hereafter fail to comply with ... jected to the fine of ten (10) dollars for each offence, to be recovered ...

RETURN OF A BIRTH. 65392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 2nd 1895

4. Place of Birth, (Street and Number) Hospital. 113+115 N. Lombard St.

5. Full Name of Mother, Smith

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Pa.

8. Full Name of Father, Unknown

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Chas. E. Brack M.D.

Address, 113+115 N Lombard St.

Remarks,

6 9 5 0 0 0 3 0 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

...ben conferred) its sex, color, the full name and occupation of its ... the date and place of birth; and the ... said schedule shall be delivered, duly signed by the practitioner in ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...pation of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...the Commissioner of Health. In case the birth of any child ...r practioner of midwifery, or should no other person be in ... it shall become the duty of the person or parents of such ...h, in the manner and within the period above required, and ...o comply with the provisions of this section shall be sub... ...o be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 3d 95.
4. *Place of Birth, (Street and Number)*	Hospital 113+115 N. Lombard St.
5. *Full Name of Mother,*	Jennie Gray
6. *Mother's Maiden Name.*	Gray.
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return	Chas. E. Brack M. D.
Address,	113 + 115 N. Lombard St.
Remarks,	

8 7 5 0 0 0 3 0 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) F ish

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 24 95.
4. *Place of Birth, (Street and Number)* Hospital & 113+115 W. Lombard.
5. *Full Name of Mother,* Mary Auschutz
6. *Mother's Maiden Name,* " Auschutz.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, Chas. G. Brack M.D

Address, 113+115 W. Lombard St.

Remarks,

8 9 5 0 0 0 3 0 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 24 95
4. *Place of Birth, (Street and Number)*	Hospital 113+115 N. Lombard.
5. *Full Name of Mother,*	Julia Benson
6. *Mother's Maiden Name,*	Benson
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	Unknown
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return	Chas. E. Brack M. D.
Address,	113+115 N. Lombard St.
Remarks,	

8950003040

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...and occupation of its parents, the date and place of birth; and the ... by the practitioner in the form of a certificate between the first and ...nce of the Commissioner of Health. In case the birth of any child ...cian or practioner of midwifery, or should no other person be in ...reafter it shall become the duty of the person or parents of such ...f Health, in the manner and within the period above required, and ...fail to comply with the provisions of this section shall be sub-...ence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	Colored.
3. *Date of Birth,*	May 5 / 95
4. *Place of Birth, (Street and Number)*	Hospital 113+115 N. Lombard St.
5. *Full Name of Mother,*	Sallie Shields
6. *Mother's Maiden Name,*	Shields
7. *Mother's Birthplace,*	Maryland.
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return.	Chas. E. Brack M.D.
Address,	113+115 N. Lombard St
Remarks,	

8 7 5 0 0 0 3 0 4 1

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Each Coroner, Sheriff, Constable, Physician, Midwife or other person who shall attend at the birth of any child, or who shall be present at the birth of any child, or who shall be present at the birth of any child, or who shall be present

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 ish
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 11 / 95
4. *Place of Birth, (Street and Number)*	Hospital 113 & 115 W. Lombard St.
5. *Full Name of Mother,*	Mary Anderson
6. *Mother's Maiden Name,*	E Anderson
7. *Mother's Birthplace,*	Sweden
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	Chas. E. Brack M.D.
Address,	113+115 W. Lombard St.
Remarks,	

8 7 5 0 0 0 3 0 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 11 | 95

4. Place of Birth, (Street and Number) Hospital 113+115 W. Lombard St

5. Full Name of Mother, Grace Howe

6. Mother's Maiden Name, Howe

7. Mother's Birthplace, Penna.

8. Full Name of Father, Unknown

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return Lehman G. Brack M.D.

Address, 113 - 115 W. Lombard St.

Remarks,

6 7 5 0 0 0 3 0 4 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 65399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 11/95.

4. Place of Birth, (Street and Number) Hospital 113+115 N. Lombard St.

5. Full Name of Mother, E. Dampman

6. Mother's Maiden Name, Dampman

7. Mother's Birthplace, Maryland.

8. Full Name of Father, Unknown

9. Father's Occupation "

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return Chas. E. Brack M.D.

Address, 113+115 N. Lombard St.

Remarks,

6 7 5 0 0 0 3 0 4 4

said schedule shall be delivered, duly signed by the practi... third day of each and every month to the office of the C... shall occur without the attendance of a physician or prac... attendance upon the mother, immediately thereafter it s... child to report its birth to the Commissioner of Health, in... any such person or persons who shall hereafter fail to com... jected to the fine of ten (10) dollars for each offence, to be ... to be recovered as other fines and forfeitures are recoverable.

...ation of its parents, the date and place of birth; and the ... practitioner in the form of a certificate between the first and ... of the Commissioner of Health. In case the birth of any child ... or practioner of midwifery, or should no other person be in ... er it shall become the duty of the person or parents of such ... ith, in the manner and within the period above required, and ... to comply with the provisions of this section shall be sub-

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RETURN OF A BIRTH. 65400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 27/95.

4. *Place of Birth, (Street and Number)* Maternité 113+115 W. Lomb. St

5. *Full Name of Mother,* Alice Gibson

6. *Mother's Maiden Name,* Alice Gibson

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* Unknown

9. *Father's Occupation* "

10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return. Chas. E. Brack M.D.

Address, 113+115 W. Lombard St

Remarks,

* 8 7 5 0 0 0 3 0 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored.
3. *Date of Birth,*	May 28/95.
4. *Place of Birth, (Street and Number)*	Mahoney Ave. 113+115 N. Longworth
5. *Full Name of Mother,*	Lillian Williams
6. *Mother's Maiden Name,*	Lillian Williams
7. *Mother's Birthplace,*	New York.
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	Unknown
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return	Selyn. E. Brack M.D
Address,	113+115 N. Longworth St
Remarks,	

8 7 5 0 0 0 3 0 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frish.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 28th 95.

4. Place of Birth, (Street and Number) Gaterville Hospital 113-115 Hospital St.

5. Full Name of Mother, Jessie Still

6. Mother's Maiden Name, Jessie Still

7. Mother's Birthplace, Maryland.

8. Full Name of Father, Unknown

9. Father's Occupation "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this return, Peter E. Brack M.D.

Address, 113-115 N. Lombard St

Remarks.

8 4 5 0 0 0 3 0 4 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fisk.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	May 29/95
4. Place of Birth, (Street and Number)	Maltese 113+115 N. Lombard St.
5. Full Name of Mother,	Florence Parker
6. Mother's Maiden Name,	Florence Parker
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	Unknown
9. Father's Occupation	"
10. Father's Birthplace,	"
Name of Medical Attendant, or other person who makes this Return	Lehyn E. Brack M. D.
Address,	113+115 N. Lombard St.
Remarks,	

8 7 5 0 0 0 3 0 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 1895
4. *Place of Birth, (Street and Number)* 517 S Caroline St
5. *Full Name of Mother,* Amanda Stanley
6. *Mother's Maiden Name,* Amanda White Sale
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Stanley
9. *Father's Occupation* Flour Packer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary E. Pearson

Address, 1903 Bond St

Remarks, 8 9 5 0 0 0 3 0 4 9

said schedule shall be delivered, duly signed by the practitioner in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C... Co., City Printers and Stationers

GIVEN NAME ADDED 1-10-55

65405

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bessie May Edwards

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 1st 1925

4. Place of Birth, (Street and Number) Baltimore City Hospitals

5. Full Name of Mother, Mrs Anna E Edwards

6. Mother's Maiden Name, Anna E Evans

7. Mother's Birthplace, Baltimore

8. Full Name of Father. James L Edwards

9. Father's Occupation Carpenter

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Catherine Flynn

Address, 800 Leadenhall Str.

Remarks, 8 4 5 0 0 0 3 0 5 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 65406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 1. (11. 10. A. M.) 1895
4. Place of Birth, (Street and Number) 120 E. Hamburg St.
5. Full Name of Mother, Marie Louise Wagner,
6. Mother's Maiden Name, Schreiner
7. Mother's Birthplace, Amberg - Bayern - Germany.
8. Full Name of Father, Eduard Carl Wagner
9. Father's Occupation, Engineer
10. Father's Birthplace, Marburg - Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kanne

Address, 961. Milton Place.

Remarks, 1895 0003051

Wm J C. Dulany Co., City Printers and Stationers.

and Midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

65407

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 2. (2. 10. A. M.)
4. Place of Birth, (Street and Number) 655 Dover street
5. Full Name of Mother, Mary Virginia Billetge
6. Mother's Maiden Name, Kelly.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Peter Phil. Billetge.
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs M. Kane for the

Address, Mothers Relief Society, 961 Milton Place

Remarks, 8950003052

and a certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 3 / 02
4. *Place of Birth, (Street and Number)* 612 S Ann St
5. *Full Name of Mother,* Mamie Kues
6. *Mother's Maiden Name,* Mamie Mahl
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles Kues
9. *Father's Occupation* Elevator
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Thos. E. Gregory

Address, 1903 South St

Remarks, 6 7 5 0 0 0 3 0 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 3. Be it further enacted, That the name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 3rd 1895 (may 3rd)
4. *Place of Birth. (Street and Number)* 1630 W. Pressman
5. *Full Name of Mother,* Louisa Stahman Staub
6. *Mother's Maiden Name,* Louisa Stahman
7. *Mother's Birthplace,* Baltimore, md.
8. *Full Name of Father,* Charles Staub.
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Frederick, md.

Name of Medical Attendant, or other person who makes this Return. L. A. Burch M.D.

Address, 517 N. Stricker St, City.

Remarks,

8 9 5 0 0 0 3 0 5 4

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 3rd 1895
4. *Place of Birth, (Street and Number)* 2138 Division St
5. *Full Name of Mother,* Georgeanna Decker
6. *Mother's Maiden Name,* Black
7. *Mother's Birthplace,* Baeto
8. *Full Name of Father,* Milton B. Decker
9. *Father's Occupation* U.S. Gauger
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Sarah E. Dick

Address, 612 Collett St

Remarks, 8950003055

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) .....

1. *Sex, (state whether male or ~~female~~)* .....
2. *Race or Color, (~~if not of the~~ white race)* .....
3. *Date of Birth,* May 5/95
4. *Place of Birth, (Street and Number)* 140 N Broadway
5. *Full Name of Mother,* Henrietta Lyons
6. *Mother's Maiden Name,* Lutman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Lyons
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Wood

Address, 137 N Bond

Remarks, Twin

8950003056

Wm. J. C. Dulany Co., City Printers

RETURN OF A BIRTH. 65-412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5/5.95
4. *Place of Birth, (Street and Number)* 604 Gold St
5. *Full Name of Mother,* Mary Francis Haines
6. *Mother's Maiden Name,* Holt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Thomas Haines
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* A A Co. Md.

Name of Medical Attendant, or other person who makes this Return, Sarah Dr Det
612 Collett St

Address,

Remarks, 8950003057

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 6. (2.30. A. M.)
4. Place of Birth, (Street and Number) 1608. Lemon Street near Gilmor
5. Full Name of Mother, Mary Farley,
6. Mother's Maiden Name, Ziegler.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John Philipp Farley,
9. Father's Occupation, Shoemaker.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kamm, for the

Address, Mothers Relief Society, 632. N. Fremont. ave.

Remarks, 6950003058

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 65414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 6. 1895
4. *Place of Birth, (Street and Number)* 820 N. Chapel st
5. *Full Name of Mother,* Beddy Novak
6. *Mother's Maiden Name,* Beddy Mika
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Novak
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Josephian Conrad

Address, 1621 Barnes st Baltimore Md

Remarks,

8750003059

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SAFETY FILM KODAK U S

RETURN OF A BIRTH. 65415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 7/95
4. *Place of Birth, (Street and Number)*	Hospital. 113+115 N. Lombard St
5. *Full Name of Mother,*	Sarah E Chandler.
6. *Mother's Maiden Name,*	Sye.
7. *Mother's Birthplace,*	Maryland.
8. *Full Name of Father,*	Wm. H Chandler
9. *Father's Occupation*	Porter
10. *Father's Birthplace,*	Maryland.
Name of Medical Attendant, or other person who makes this Return.	Chas. E. Brack M.D.
Address,	113+115 N. Lombard St.
Remarks,	

0 7 5 0 0 0 3 0 6 0

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 7 1895
4. *Place of Birth, (Street and Number)* 502 N. Montford St.
5. *Full Name of Mother,* Lilly Huber
6. *Mother's Maiden Name,* " Lentz
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William Huber
9. *Father's Occupation* Cracker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Leisenhofer

Address, 2225 Gough St.

Remarks,

0 7 5 0 0 0 3 0 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

The practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

65417

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh 7th

1. *Sex* (~~*state whether*~~ *Male* ~~*or Female*~~) Male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* May 9th 1895

4. *Place of Birth (Street and Number)* 1102 N Calvert

5. *Full Name of Mother* Mary Agnes Reilly

6. *Mother's Maiden Name* Mary Agnes Fisher

7. *Mother's Birthplace* Baltimore City

8. *Full Name of Father* Joseph Graham Reilly

9. *Father's Occupation* Salesman dry goods

10. *Father's Birthplace* St Louis Missouri

Name of Medical Attendant, or other Person who makes this return J. A. Bagley

Address 105 Calvert St.

Remarks

8 9 5 0 0 0 3 0 6 2

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ance, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 65418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 7 — 1895
4. Place of Birth, (Street and Number) 1735 Fairmount Ave.
5. Full Name of Mother, Eugenie Hanrette
6. Mother's Maiden Name, Borgeleds
7. Mother's Birthplace, Baltimore
8. Full Name of Father, H. J. Hanrette
9. Father's Occupation Salesman
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E. Fath St.

Remarks, 8950003063

Wm. J. C. Dulany Co,. City Printers and Stationers.

in the form of a certificate between the first and
case the birth of any child
sioner of Health. In
of midwifery, or should no other person be in
shall occur without the attendance of a physician or practioner of mid-
attendance upon the mother, immediately thereafter it shall become
child to report its birth to the Commissioner of Health, in the manner
with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply
jected to the fine of ten (10) dollars for each offence, to be recovered as
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commissioner
red as other fines and forfeitures are recoverable.

65419

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8.40 A.M., May 7/95.
4. Place of Birth, (Street and Number) 521 Sharp St.
5. Full Name of Mother, Anna Lucretia Williams
6. Mother's Maiden Name, Anna Lucretia Armiger
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Roger Ferdinand Williams
9. Father's Occupation, Optician
10. Father's Birthplace, Gloucester, Va.

Name of Medical Attendant, or other person who makes this Return. E. C. Applegarth, M.D.

Address, 8 East Montgomery St.

Remarks, L.O.A. Labor instrumental. No tearing. No puerperal trouble.

0 0 3 0 6 4

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The practitioner in the form of a certificate between the first and same genuine shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 7 95
4. *Place of Birth, (Street and Number)* 16 N. Wolf St.
5. *Full Name of Mother,* Adelheid Zink
6. *Mother's Maiden Name,* " Schmitt
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Edward Zink
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

0 9 5 0 0 0 3 0 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 8- 95
4. Place of Birth, (Street and Number) 3033 Elliott St
5. Full Name of Mother, Caroline Pierpoint
6. Mother's Maiden Name, Caroline Niedermyer
7. Mother's Birthplace, Balto; Md
8. Full Name of Father, Thomas Barto; Pierpoint
9. Father's Occupation Machinist
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Miss P. Fitzsimmons

Address, 1925 Hood ave

Remarks, 5950003066

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 65422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seven Child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	8 th of may
4. *Place of Birth, (Street and Number)*	950 Lyons Ave
5. *Full Name of Mother,*	Ida Gardan
6. *Mother's Maiden Name,*	Ida Williams
7. *Mother's Birthplace,*	Lancaster Co Penn
8. *Full Name of Father,*	Charles Gardan
9. *Father's Occupation,*	Stevedge
10. *Father's Birthplace,*	North Hamlinog Co Va
Name of Medical Attendant, or other person who makes this Return.	
Address,	
Remarks,	

8950003067

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

65423

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 8th/95.

4. Place of Birth, (Street and Number) City Hospital. Cor. Calvert & Saratoga Sts.

5. Full Name of Mother, Annie Cooper

6. Mother's Maiden Name, Unknown.

7. Mother's Birthplace, Russia

8. Full Name of Father, Geo. Cooper

9. Father's Occupation Blacksmith

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Edwin E. Brack M.D.

Address, 113+115 N. Lombard St

Remarks. Child was born in accident room of the City Hospital was premature, about 7 months, and the third live born.

8 4 3 0 3 0 3 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissio
shall occur without the attendance of a physician or practioner of
attendance upon the mother, immediately thereafter it shall becom
child to report its birth to the Commissioner of Health, in the manu
any such person or persons who shall hereafter fail to comply with
jected to the fine of ten (10) dollars for each offence, to be recovered

RETURN OF A BIRTH 65-424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7. th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 9. 1895

4. Place of Birth, (Street and Number) 904 Hunter st

5. Full Name of Mother, Mary Yeatzelan

6. Mother's Maiden Name, Mary Dobahol

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Yeatzelan

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephian Conrad

Address, 1621 Barnes st Baltimore Md

Remarks, 8950003069

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 65425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 9. 1895
4. Place of Birth, (Street and Number) 2006 Chase st. E.
5. Full Name of Mother, Tresia Stunt
6. Mother's Maiden Name, Tresia Kula
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Michal Stunt
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephian Conrad

Address, 1621 Barnes st Baltimore Md

Remarks,

1895UC03070

Said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 63426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 9th 1895
4. Place of Birth, (Street and Number) 1112 Linden ave
5. Full Name of Mother, Kate Stubbins
6. Mother's Maiden Name, Kate Shirley
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Wm Stubbins
9. Father's Occupation, Stone mason
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Henry E. Kyle M.D.

Address, 260 N. Hoffman St.

Remarks, 8750003071

The form of a certificate between the first and same schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 65427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 9/95
4. *Place of Birth, (Street and Number)* 716 E. Wolf Str.
5. *Full Name of Mother,* Maggie Nelson
6. *Mother's Maiden Name,* " Miller
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William Nelson
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

' 8950003072

Wm. J. C. Dulany Co., City Printers and Stationers.

Every day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 65-428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 4 ½.

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 9th 1895
4. Place of Birth, (Street and Number) 1030 Hopkins Avenue
5. Full Name of Mother, Genevieve B. Kellen Shelley
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Cincinnati O. Ohio Kellen
8. Full Name of Father, Charles J. Stone Cutler
9. Father's Occupation, Stone Cutter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Wm. L. Russell

Address, 800 N. Broadway

Remarks, 8950003073

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

65429

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 9/95
4. *Place of Birth, (Street and Number)* 2306 Baker St
5. *Full Name of Mother,* Barbara Wright
6. *Mother's Maiden Name,* Barbara Dittmyer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Wright
9. *Father's Occupation* Steveador
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Thos. E. Feucan

Address, 1903 Eden St

Remarks, 0750003074

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 9th Mai 1895.
4. *Place of Birth, (Street and Number)* 1295 Hare street
5. *Full Name of Mother,* Hedi Rudolska
6. *Mother's Maiden Name,* — Limit
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Johan Rudolski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm F. Steckmann

Address, 1225 Hare st

Remarks, 8950003075

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 9/95
4. *Place of Birth, (Street and Number)* 228 S Wolfe St
5. *Full Name of Mother,* Rose Falkner
6. *Mother's Maiden Name,* Rose Fishman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Raymond Falkner
9. *Father's Occupation* Book Binder
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Thos. C. Teague

Address, 1903 Forest St

Remarks, 8950003076

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 Ninth of May 1895
4. *Place of Birth, (Street and Number)* 421 East Preston St
5. *Full Name of Mother,* Annie Webster
6. *Mother's Maiden Name,* Annie Raver
7. *Mother's Birthplace,* Carroll County Md.
8. *Full Name of Father,* Irving Lewis Webster
9. *Father's Occupation* Railroad Brakesman.
10. *Father's Birthplace,* Dorchester County Md.

Name of Medical Attendant, or other person who makes this Return, Annie O Baen.

Address, 881 greenmount av

Remarks,

8950003077

Wm. J. C. Dulany Co., City Printers and Stationers.

...practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur, without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 10. / 12. 5. A. M. /.
4. *Place of Birth, (Street and Number)* 2626. Florence Str. near Druid Hill Park.
5. *Full Name of Mother,* Mary Louise Sachs,
6. *Mother's Maiden Name,* Mennier.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Henry Sachs,
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs. R. Kraus, for Mrs.

Address, Mother Relief Society, 632. N. Fremont Ave.

Remarks, 8950003078

This blank is to be filled out in every month by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 10/95
4. *Place of Birth, (Street and Number)* 416 S Caroline St
5. *Full Name of Mother,* Rosella Ballenberg
6. *Mother's Maiden Name,* Rosella Cosgrove
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Ballenberg
9. *Father's Occupation* Hostler
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary E. Finegan

Address, 1903 South St

Remarks, 0750003079

practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
er it shall become the duty of the person or parents of such
lth, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practi
third day of each and every month to the office of the C
shall occur without the attendance of a physician or pra
attendance upon the mother, immediately thereafter it s
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offence, to be

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 2-4-52

RETURN OF A BIRTH. 55435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Elizabeth ~~Elizabeth~~ Wagner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 10 95
4. *Place of Birth, (Street and Number)* 211 N. Chapell Str.
5. *Full Name of Mother,* Emma Wagner
6. *Mother's Maiden Name,* " Sullivan
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Frank Wagner
9. *Father's Occupation* Laberer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

8 9 5 0 0 0 3 0 8 0

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-28-60

RETURN OF A BIRTH. 65436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White race
3. Date of Birth, 10 of May 1895
4. Place of Birth, (Street and Number) 549 Clark ST Bal Md
5. Full Name of Mother, Marie E. Menikheim
6. Mother's Maiden Name, Marie E. Menikheim
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Ernst H. Menikheim
9. Father's Occupation Cigar maker
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Annie E. Bimm

Address, 881 Grummount av

Remarks, 1895000308 1

The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 of Mai 1895.
4. Place of Birth, (Street and Number) 401 Chester Strat
5. Full Name of Mother, Anna Meuller
6. Mother's Maiden Name, Anna Rütter
7. Mother's Birthplace, Baltimore M. D.
8. Full Name of Father, Ferdinand Müller
9. Father's Occupation, Grocer Dealer.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Sda Hille

Address, 207 N. Castle Str

Remarks, 8750003082

Wm J C. Dulany Co., City Printers and Stationers.

every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-6-60

RETURN OF A BIRTH. 65438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Arthur Mitchell Wainwright

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 10, 1895.
4. *Place of Birth, (Street and Number)* 519 Luzerne ave.
5. *Full Name of Mother,* Rachel Ann Wainwright
6. *Mother's Maiden Name,* Wheeler.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Charles Mitchell Wainwright
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave -

Remarks, 8950003083

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 10, 1895.
4. *Place of Birth, (Street and Number)* 2430 W. Lee St.
5. *Full Name of Mother,* Annie Elizabeth Jenkins.
6. *Mother's Maiden Name,* Simonds.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* William Stephen Jenkins.
9. *Father's Occupation* Painter.
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 29 Chestnut ave.

Remarks, 8950003084

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 te
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	10th of May 95
4. *Place of Birth, (Street and Number)*	1925 Wilhelm th
5. *Full Name of Mother,*	Mary Bäßler
6. *Mother's Maiden Name,*	Mary Braunreuther
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Ernst Bäßler
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Heuler Midwife
Address,	2116 W. Pratt St.
Remarks,	8950003085

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 65441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 10- 1895.
4. Place of Birth, (Street and Number) 1425 Anthney st
5. Full Name of Mother, Anna Kansmyer
6. Mother's Maiden Name, Anna Vanor
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Joseph Kansmyer
9. Father's Occupation, Carpenter
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephine Conrad

Address, 1621 Barnes st Baltimore Md

Remarks,

6 9 5 0 0 0 3 0 8 6

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RETURN OF A BIRTH. 63442

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) — Males — Twins —
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 10th 95
4. Place of Birth, (Street and Number) Md. Lying in Hosp.
5. Full Name of Mother, Mary Harris —
6. Mother's Maiden Name, Mary Harris
7. Mother's Birthplace. Maryland
8. Full Name of Father, unknown
9. Father's Occupation, ———
10. Father's Birthplace, ———

Name of Medical Attendant, or other person who makes this Return. J. W. Keown. M.D

Address, Md. Lying-in Hospital

Remarks, 8950003087

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 11/95
4. *Place of Birth, (Street and Number)* 219 N. Collington Ave.
5. *Full Name of Mother,* Barbara Hutzler
6. *Mother's Maiden Name,* " Saber
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* August Hutzler
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 2225 Gough St.

Remarks,

8950003088

Wm. J. C. Dulany Co., City Printers and Stationers.

63444

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 11th 1895
4. Place of Birth, (Street and Number) 510 Baker st
5. Full Name of Mother, Mrs. Marie V. Jackson
6. Mother's Maiden Name, Ward
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Mr. P. A. Jackson
9. Father's Occupation, Driver
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Dr. E. Miller M.D.

Address, 2239 Pennsylvania Ave

Remarks, 8950003089

Wm J. C. Dulany Co., City Printers and Stationers.

...ther city of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 11 1895
4. *Place of Birth, (Street and Number)* no 2 Chesnut ave
5. *Full Name of Mother,* Lenora Frances Finegan
6. *Mother's Maiden Name,* Carroll Bourke
7. *Mother's Birthplace,* Samuel A Frances
8. *Full Name of Father,* Ingleside Rivers
9. *Father's Occupation* Steward County
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Martha Fung

Address, 575 Richmond ave Baltimore

Remarks,

8950003090

Wm. J. C. Dulany Co., City Printers and Stationers.

Every case of birth occurring hereafter in Baltimore City shall be reported to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore Ci

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 11/95
4. *Place of Birth, (Street and Number)* 204 S. Durham Ste.
5. *Full Name of Mother,* Sophie Lindemann
6. *Mother's Maiden Name,* " Bockel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Lindemann
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhop

Address, 2225 Gough S

Remarks,

8 9 5 0 0 0 3 0 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Every day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore Ci

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 11/95
4. *Place of Birth, (Street and Number)* 716 S. Canton Str.
5. *Full Name of Mother,* Gesini Farber
6. *Mother's Maiden Name,* " Monde
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Louis Farber
9. *Father's Occupation* Laberer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenho

Address, 2223 Gough S

Remarks,

8950003092

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore Ci

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. *Sex, (state whether male or female)*	Ma
2. *Race or Color, (if not of the white race)*	Wh
3. *Date of Birth,*	11th of May
4. *Place of Birth, (Street and Number)*	2225 Mt Henry
5. *Full Name of Mother,*	Barbara Popp
6. *Mother's Maiden Name,*	Barbara Lauter
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Georg Popp
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keesler Midwife
Address,	216 W. Pratt St
Remarks,	

8 9 5 0 0 0 3 0 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore C

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 3 R

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if ~~not of the~~ white race)*
3. *Date of Birth,* May 11 '95
4. *Place of Birth, (Street and Number)* 130 E Biddle
5. *Full Name of Mother,* Margaret L Canfield
6. *Mother's Maiden Name,* " " Boyle
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* James P Canfield
9. *Father's Occupation* Foreman Salesman
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return,

Address, 1502 Bond St

Remarks, Late 8 9 5 0 0 0 3 0 9 4

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IX

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 12/95
4. *Place of Birth, (Street and Number)* 530 S. Ann Str.
5. *Full Name of Mother,* Elizabeth Kuhn
6. *Mother's Maiden Name,* " De Bay
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Kuhn
9. *Father's Occupation* Ziggarmaker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenroper

Address, 2225 Gough St.

Remarks,

8 9 5 0 0 0 3 0 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 12 1895
4. *Place of Birth, (Street and Number)* 1506 Fairmount Ave.
5. *Full Name of Mother,* Emma V. Green
6. *Mother's Maiden Name,* Lattimer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George W. Green
9. *Father's Occupation* Ships Cooker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Steiner

Address, 427 E. Pratt St.

Remarks,

8750003096

Wm. J. C. Dulany Co,. City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 12
4. Place of Birth, (Street and Number) 212 W. Bennitte at
5. Full Name of Mother, Catherine Kochlein Schoenfeld
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto
8. Full Name of Father, J. Geo. Kochlein
9. Father's Occupation Driver
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Catherine Hünds

Address, 800 Leadenhall St.

Remarks,

8 x 5 0 0 0 3 0 9 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

65453

RETURN OF A BIRTH

GIVEN NAME ADDED 9-5-58

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~Frederick Conrad Weaver~~ Ward Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 13, 1895.
4. Place of Birth, (Street and Number)	124 S. Calhoun st.
5. Full Name of Mother,	Phebe C. Ward
6. Mother's Maiden Name,	Kline felter
7. Mother's Birthplace,	Shrewsbury, Pa.
8. Full Name of Father,	Dietrick Conrad Weaver Ward
9. Father's Occupation,	Book-Keeper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	John Hood
Address,	16 S. Gilmor st.
Remarks,	

6950003098

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

65-454

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... Seventh

1. *Sex, (state whether male or female)* ..... Female
2. *Race or Color, (if not of the white race)* ..... White
3. *Date of Birth,* ..... May 18/95
4. *Place of Birth, (Street and Number)* ..... #1105 Riviera Ave
5. *Full Name of Mother,* ..... Marcelina North
6. *Mother's Maiden Name,* ..... Marcelina Osborne
7. *Mother's Birthplace,* ..... Baltimore City
8. *Full Name of Father,* ..... George North
9. *Father's Occupation* ..... Captain
10. *Father's Birthplace,* ..... Baltimore City

Name of Medical Attendant, or other person who makes this Return, ... Charles W. Jefferson M.D.

Address, ... 48 E. Montgomery St.

Remarks, ...

8750003099

Wm. J. C. Dulany Co., City Printers and Stationers

...this day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A65455

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Balti

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1 Su

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (~~if not of the white race~~)* White
3. *Date of Birth,* May 13th 1895
4. *Place of Birth, (~~Street and Number~~)* 1047 W. Baltimore
5. *Full Name of Mother,* Catherine A. Gibbons
6. *Mother's Maiden Name,* Lee
7. *Mother's Birthplace,* Kent Co. Md.
8. *Full Name of Father,* Harold Gibbons
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Canada St. John N.B.

Name of Medical Attendant, or other person who makes this Return, Joseph [illegible]

Address, 1075 W. B.

Remarks,

8 7 5 0 0 5 3 1 0 0

...lations of the Health Department to secure a full and cor...
...ecord of Vital Statistics in the City of Baltimore.

...-And be it further enacted and ordained ...
...ner whose charge or superintendence a birth ...
...ch birth, and shall enter the same on bla...
...register, ... schedule shall contain a list of the births ...
...Health. This ... be ascertained the full name of each child, (if any shall have ...
...month, and shall set forth as far as the same can be ascer...
...been conferred) its sex, color, the full name and occupatio...
...said schedule shall be delivered, duly signed by the practi...
...third day of each and every month to the office of the C...
...shall occur without the attendance of a physician or pra...
...attendance upon the mother, immediately thereafter it s...
...child to report its birth to the Commissioner of Health, in ...
...any such person or persons who shall hereafter fail to com...
...jected to the fine of ten (10) dollars for each offence, to be ...

...Balti...
...register, ...
...Health. ...
...month, ...
...been ...
...said ...
...third ...
...shall ...
...attendance ...
...child ...
...any ...
...jected ...

65-456

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 4-9-62

To the Office of Registrar of ~~Vital Statistics,~~ Board of Health, Baltimore City.

Name: Benjamin B. Schapiro

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 May 1895
4. *Place of Birth, (Street and Number)* 317 E. Lanvale
5. *Full Name of Mother,* Nitchla ~~Shapiro~~ Schapiro
6. *Mother's Maiden Name,* Friedman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Israel ~~Shapiro~~ Schapiro
9. *Father's Occupation,* Store keeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 42 Albemarle St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

10750003101

65-457

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male -
2. Race or Color, (if not of the white race)
3. Date of Birth, May 13th 95
4. Place of Birth, (Street and Number) Md Lying-in Hosp
5. Full Name of Mother, Mary Hanson
6. Mother's Maiden Name, Mary Hanson
7. Mother's Birthplace, America -
8. Full Name of Father, unknown
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. W. Brown M.D.

Address, Md Lying-in Hosp

Remarks, 8950003102

Wm J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 14/95
4. *Place of Birth, (Street and Number)*	#823 Light St.
5. *Full Name of Mother,*	Lena Bamberger
6. *Mother's Maiden Name,*	Lena Mankein
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Julius Bamberger
9. *Father's Occupation*	Drummer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	Charles A. Reisterstown
Address,	48 E. Montgomery St.
Remarks,	

8950003103

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Children

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* Colord.
3. *Date of Birth,* Tuesday may 17th 1898.
4. *Place of Birth, (Street and Number)* Blount St. 1917.
5. *Full Name of Mother,* Georgia Loreann Boog.
6. *Mother's Maiden Name,* Georgia Loreann Feill.
7. *Mother's Birthplace,* Mississippi
8. *Full Name of Father,* Joseph Briton Boog.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Anderandal Co md

Name of Medical Attendant, or other person who makes this Return, Sarah Dent

Address,

Remarks, 1075003 1917 Blount St

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14th of May 90
4. *Place of Birth, (Street and Number)*	2011 Frederick Av
5. *Full Name of Mother,*	Martius Zuckows
6. *Mother's Maiden Name,*	Martius Brinsdick
7. *Mother's Birthplace,*	Poles
8. *Full Name of Father,*	Thomas Zukaus
9. *Father's Occupation*	Tanjer
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return,	Frederike Zoucks Midwife
Address,	2116 W. Pratt St
Remarks,	

8750003105

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 65461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 15/95
4. *Place of Birth, (Street and Number)* 242 S. Castle Str.
5. *Full Name of Mother,* Josephina Rogers
6. *Mother's Maiden Name,* " Stitel
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Rogers
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

' 8950003106

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 15/95
4. *Place of Birth, (Street and Number)* 1 N. Rohr Str.
5. *Full Name of Mother,* Mary Market
6. *Mother's Maiden Name,* " Kram
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Frank Market
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Leisenhofer

Address, 2225 Gough St.

Remarks,

0750003107

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male ~~or female~~) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 15th 1901
4. Place of Birth, (Street and Number) 812 N. Gilmor St.
5. Full Name of Mother, Theresa M. Wunder
6. Mother's Maiden Name, Dr. Dr. Barrenger
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Louis B. Wunder,
9. Father's Occupation Confectioner
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Joseph L. Wunder, M.D.

Address, 1951 West Fayette St.

Remarks, L. I. A.

6450003108

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* May 15th 1895
4. *Place of Birth, (Street and Number)* #1021 Peach Alley
5. *Full Name of Mother,* Margie Martha Thomas
6. *Mother's Maiden Name,* Margie Martha Harris
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Henson Thomas
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Margreth Spring

Address, 127 Wintes St Balto Md

Remarks, 8 5 0 0 0 3 1 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

65465

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* ~~1st, 2d,~~ 3*d*, &c.)

1. *Sex*, (*state whether* ~~male~~ *or female*)
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, May 15th
4. *Place of Birth*, (*Street and Number*) 110 E. S. Spark St
5. *Full Name of Mother*, Tillie Klein
6. *Mother's Maiden Name*, Tillie Welke
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Chas. J. Klein
9. *Father's Occupation* Clerk
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return, Catherine Klinzle

Address, 800 Leadenhall St.

Remarks, 8950003110

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 65466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 6
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May the 15th 1895
4. *Place of Birth, (Street and Number)*	1111 McHulen st the 21 13
5. *Full Name of Mother,*	margaret E nickel
6. *Mother's Maiden Name,*	margaret E huthmann
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John nickel
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	germany
Name of Medical Attendant, or other person who makes this Return,	Mrs E Tilley
Address,	the 1922 mulberry st
Remarks,	8950003111

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 13/95
4. *Place of Birth, (Street and Number)* 1040 Homewood Ave
5. *Full Name of Mother,* Sallie E Yeakle
6. *Mother's Maiden Name,* [illegible] Kline
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Louis A Yeakle
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Frederick Md

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 1502 N Bond

Remarks, Parents Home at time of birth 895 0003112

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15th day of May 1895
4. *Place of Birth, (Street and Number)* 936 Greenmount Avenue
5. *Full Name of Mother,* Annie Burns
6. *Mother's Maiden Name,* Annie Murphy
7. *Mother's Birthplace,* Tuam County Galway Ireland
8. *Full Name of Father,* Edward Burns
9. *Father's Occupation* Cake Baker
10. *Father's Birthplace,* Blackwater County Armagh Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Annie Obrien

Address, 881 greenmount av

Remarks, 8950003113

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	May 16, 95
4. *Place of Birth, (Street and Number)*	308 N. Bethel
5. *Full Name of Mother,*	Barbara Hyacinth Müller
6. *Mother's Maiden Name,*	Patto Md
7. *Mother's Birthplace,*	Johann Schweers
8. *Full Name of Father,*	Shoemaker
9. *Father's Occupation*	Patto Md
10. *Father's Birthplace,*	Caroline Müller
Name of Medical Attendant, or other person who makes this Return.	1605 Walker
Address,	
Remarks,	

8950003114

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 16 — 1895
4. *Place of Birth, (Street and Number)* 1420 Lexington St.
5. *Full Name of Mother,* Bessie B. Henderson
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry Henderson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Harry Klein

Address, 1427 E. Pratt St.

Remarks,

8950003115

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	may 16 1895
4. *Place of Birth, (Street and Number)*	204 S Carey St
5. *Full Name of Mother,*	Emma V Neal Harman
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chares Harman
9. *Father's Occupation*	Stone cutter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo R Graham MD
Address,	125 Columbia ave
Remarks,	

8 9 5 0 0 0 3 1 1 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

The full name of each child, if any shall have been ascertained, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

mouth, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	16th of May 95
4. *Place of Birth, (Street and Number)*	222 S. Gilmore St
5. *Full Name of Mother,*	Mable Mayberry
6. *Mother's Maiden Name,*	Mable Powle
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	William Mayberry
9. *Father's Occupation*	Machinist
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Frederick Boules Midwife
Address,	216 W. Pratt St.
Remarks,	

8950003117

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: May E. Sullens

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 May 1895
4. Place of Birth, (Street and Number) 913 Easter av
5. Full Name of Mother, Mary Sullens
6. Mother's Maiden Name, Mary Collens
7. Mother's Birthplace, Baltimor Md
8. Full Name of Father, Williams Sullens
9. Father's Occupation Store Keeper
10. Father's Birthplace, Baltimor Md.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

0 7 5 0 0 0 3 1 1 8

Wm. J. C. Dulany Co., City Printers and Stationers

65474

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. *Sex, (~~State whether male or~~ female)*
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* May 16 - 95
4. *Place of Birth, (Street and Number)* 1422 N. Fulton Ave
5. *Full Name of Mother,* Annie M. E. Six
6. *Mother's Maiden Name,* Callaway
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* James Six
9. *Father's Occupation,* Pattern Maker
10. *Father's Birthplace,* md.

Name of Medical Attendant, or other person who makes this Return. J. W. McSmock M.D.

Address, 101 N. Fulton Ave

Remarks,

8 4 5 0 0 0 3 1 1 9

Health. This schedule shall contain a list of the births which have occurred since the ... each child, if any shall have ... ascertained the full name of each child, if any shall have ... ascertained the date and place of birth; and the ... of its parents, the date and place of the first and ... practitioner in the form of a certificate between the birth of any child ... Commissioner of Health. In case the birth of any be in ... practitioner of midwifery, or should no other person or parents of such ... shall become the duty of the person above required, and ... within the period above required, and ... in the manner and provisions of this section shall be sub- ... comply with the penalties and forfeitures are recoverable. ... recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name and occupation of each parent, the color, the full name and place of birth; and the ... been conferred; its sex, color, the full name and occupation of its parents, the date and place of the first and ... said schedule shall be delivered, duly signed by the practitioner between the birth of any child ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any be in ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such ... immediately thereafter it shall become the duty of the person above required, and ... attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and ... child to report its birth to the Commissioner of Health within the period above required, and within the ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Orew

65475

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Winfred Ignatius Koontz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 16th, 1895
4. Place of Birth, (Street and Number) 2833 Rayner Ave., Baltimore
5. Full Name of Mother, Blanche Koontz
6. Mother's Maiden Name, Blanche Creamer
7. Mother's Birthplace, Baltimore, md.
8. Full Name of Father, Edward F. Koontz
9. Father's Occupation, Lawyer
10. Father's Birthplace, Frederick, md.

Name of Medical Attendant, or other person who makes this Return. Sabunek, M.D.

Address, 517 N. Stricker St., Baltimore

Remarks, 8950003120

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 16 1895
4. *Place of Birth, (Street and Number)* 123 S. Central Ave.
5. *Full Name of Mother,* Annie Becker
6. *Mother's Maiden Name,* Faupel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Becker
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address,

Remarks, 8950003121

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	16th of May 95
4. *Place of Birth, (Street and Number)*	206 Birch St.
5. *Full Name of Mother,*	Johana Arold
6. *Mother's Maiden Name,*	Johana Meisenhelder
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Friederich Arold
9. *Father's Occupation*	Brauer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Heuler Midwife
Address,	2116 W. Pratt St.
Remarks,	

6 9 5 0 0 0 3 1 2 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 63478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (State whether male or female)*	Female.
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 16 - 95
4. *Place of Birth, (Street and Number)*	216 Bayard St.
5. *Full Name of Mother,*	Annie Ordschies.
6. *Mother's Maiden Name,*	Annie Klinger.
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	August Ordschies
9. *Father's Occupation,*	Grocer-man
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Hany Boyd.
Address,	677 Columbia ave.
Remarks,	8950003123

Health. This schedule shall contain a list of the Births which have occurred since the ... day of the ... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 6-59

RETURN OF A BIRTH 65479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Christian Munder

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 16/95
4. Place of Birth, (Street and Number) 2226 Canton Ave.
5. Full Name of Mother, Annie Munder
6. Mother's Maiden Name, " Kleinfelder
7. Mother's Birthplace, Germany
8. Full Name of Father, John Munder
9. Father's Occupation, Saloonkeeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

0950003124

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-22-60

RETURN OF A BIRTH. 65480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Wesley James Williams 5 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 16, 1895
4. Place of Birth, (Street and Number) 618 Johnson ave
5. Full Name of Mother, Lena Williams
6. Mother's Maiden Name, Savage
7. Mother's Birthplace, Lizzie Williams Louisville Ky
8. Full Name of Father, David H. Williams
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return

Address, Martha King 515 Hickory ave

Remarks,

6 7 5 0 0 0 3 1 2 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 65481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9a
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	May 17 1890
4. *Place of Birth, (Street and Number)*	726 E Fort Ave
5. *Full Name of Mother,*	Susan Ennell Eckert
6. *Mother's Maiden Name,*	Miller Ennell
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Near York
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Ennell
Address,	436 E Fort Ave
Remarks,	

875000 3126

Wm. J. C. Dulany Co., City Printers and Stationers.

Month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* may 17 1895
4. *Place of Birth, (Street and Number)* 891 W Lombard St
5. *Full Name of Mother,* Margaret Weale Ford
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Elias Weale
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Leo R Hahn

Address, 725 Columbia ave

Remarks, 8950003127

Wm. J. C. Dulany Co,. City Printers and Stationers.

Every person having knowledge of the facts shall ascertain the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 17. (11. 30. P. M.)
4. *Place of Birth, (Street and Number)* 334 Bartlett Street.
5. *Full Name of Mother,* Annie Victoria Callahan,
6. *Mother's Maiden Name,* Hoffman,
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Edward Joseph Callahan.
9. *Father's Occupation,* Machinist,
10. *Father's Birthplace,* New York N. Y.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kane, for the

Address, Mother Relief Society, 632. N. Fremont Ave.

Remarks,

8 9 5 0 0 0 3 1 2 8

and occupation of its parents, the date and place of birth; and the
l by the practitioner in the form of a certificate between the first and
ce of the Commissioner of Health. In case the birth of any child
sician or practitioner of midwifery, or should no other person be in
hereafter it shall become the duty of the person or parents of such
of Health, in the manner and within the period above required, and
after fail to comply with the provisions of this section shall be sub-
ffence, to be recovered as other fines and forfeitures are recoverable.
been conferred) its sex, color, the full name and
said schedule shall be delivered, duly signed by the
third day of each and every month to the office of the
shall occur without the attendance of a physician or
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health
any such person or persons who shall hereafter fail
jected to the fine of ten (10) dollars for each offence,

Wm J C. Dulany Co., City Printers and Stationers.

Note. This Schedule shall contain a record of all births which shall occur within the limits of each month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 17 1895
4. *Place of Birth, (Street and Number)* 826 Lund St.
5. *Full Name of Mother,* Fannie Fishbach
6. *Mother's Maiden Name,* Krauss
7. *Mother's Birthplace,* Hungary
8. *Full Name of Father,* Max Fishbach
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Hungary

Name of Medical Attendant, or other person who makes this Return. J. P. Matuschka M.D.

Address, 1911 Eastern Ave

Remarks,

8 9 5 0 0 0 3 1 2 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

ity of Balto...

person practicing midwifery in the ... after take place, shall keep a true and correct ... hall, to be furnished by the Commissioner of ... have occurred under his or her care during the ... the full name of each child, (if any shall have ... practitioner in the form of a certificate between the first and ... the Commissioner of Health. In case the birth of any child ... or practioner of midwifery, or should no other person be in ... er it shall become the duty of the person or parents of such ... lth, in the manner and within the period above required, and ... to comply with the provisions of this section shall be sub- ... e, to be recovered as other fines and forfeitures are recoverable.

any such p... jected to the fine of ...

RETURN OF A BIRTH. 6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 21
4. *Place of Birth, (Street and Number)* 3rd Entrance to
5. *Full Name of Mother,* Mary Magdeline Baptist
6. *Mother's Maiden Name,* J. C. Bedford
7. *Mother's Birthplace,* Centreville Q. A. Co. Maryland
8. *Full Name of Father,* William James Baker
9. *Father's Occupation* At Odd Labor
10. *Father's Birthplace,* Centreville Md

Name of Medical Attendant, or other person who makes this Return, Mary Jane Fossett

Address, # 563 N. Dolphine St.

Remarks, 8950003130

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 17/95
4. Place of Birth, (Street and Number) 2029 E. Fayette Str.
5. Full Name of Mother, Franziska Dentz
6. Mother's Maiden Name, " Sommer
7. Mother's Birthplace, Balto.
8. Full Name of Father, August Dentz
9. Father's Occupation Grocer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Diesenhofer

Address, 2225 Gough Str.

Remarks,

0 9 5 0 0 0 3 1 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name of each child, if any shall have been conferred; its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of their marriage, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May March 5 1895
4. *Place of Birth, (Street and Number)* 3233 S Bond St
5. *Full Name of Mother,* Mary Jakowska
6. *Mother's Maiden Name,* Bunnowska
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* John Jakowska
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Hanover St

Remarks,

8950003132

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th ? Lite (Twin)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 17 1895
4. *Place of Birth, (Street and Number)* 816 Greene St
5. *Full Name of Mother,* Kate Krantz
6. *Mother's Maiden Name,* Kate Blenpock
7. *Mother's Birthplace,* Ohio
8. *Full Name of Father,* Chas Krantz
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other person who makes this Return, Mary L Sharp M.D.

Address, 816 Greene St

Remarks,

B 7 5 0 0 0 3 1 3 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

65488

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 17 1895
4. *Place of Birth, (Street and Number)* 2033 E Lombard St.
5. *Full Name of Mother,* Emma Buchman
6. *Mother's Maiden Name,* Emma Ritzel
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Louis Buchman
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Chas L Swaspe

Address, 824 S Conkling St.

Remarks,

8 Y 5 0 0 0 3 1 3 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 65489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* color
3. *Date of Birth,* May 18
4. *Place of Birth, (Street and Number)* 18 Short st 414
5. *Full Name of Mother,* Rosie haynes
6. *Mother's Maiden Name,* Rosie Gillage.
7. *Mother's Birthplace,* Born in Baltimore
8. *Full Name of Father,* John haynes
9. *Father's Occupation* doctor driver
10. *Father's Birthplace,* Born in Baltimore

Name of Medical Attendant, or other person who makes this Return, caroline paterson

Address, 419 Lees street

Remarks, doing well

B 7 5 U 0 0 3 1 3 5

month, and shall set forth as far as the same can be ascertained the
been conferred,) its sex, color, the full name and occupation of its
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 18 1895
4. Place of Birth, (Street and Number) 506 S. Castle Str.
5. Full Name of Mother, Maggie Seiler
6. Mother's Maiden Name, " Dell
7. Mother's Birthplace, Balto.
8. Full Name of Father, Edward Seiler
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St

Remarks,

8950003136

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

...the full name of each child, if any shall have
...occupation of its parents, the date and place of birth; and the
...been conferred its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and
...said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child
...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
...attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such
...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 11 1895

4. *Place of Birth, (Street and Number)* 121 Canton St.

5. *Full Name of Mother,* Ellen Bernaker

6. *Mother's Maiden Name,* Ellen Thorpewood

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Chas Bernaker

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Isaac L Jones

Address, 124 Canton St.

Remarks,

8950003137

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 18th 1895
4. *Place of Birth, (Street and Number)* 1132 E. North Avenue
5. *Full Name of Mother,* Margaret Hargraves
6. *Mother's Maiden Name,* M. Chambers
7. *Mother's Birthplace,* Mass.
8. *Full Name of Father,* John Frost Hargraves
9. *Father's Occupation,* Mechanic
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return. J.C. Gilchrist Surgeon & Physician

Address, 820 E. Preston Street

Remarks, Normal.

8 9 5 0 0 0 3 1 3 8

be ascertained the full name of each child (if any shall have occupation of its parents, the date and place of birth; and the the practitioner in the form of a certificate between the first and of the Commissioner of Health. In case the birth of any child n or practitioner of midwifery, or should no other person be in after it shall become the duty of the person or parents of such ealth, in the manner and within the period above required, and fail to comply with the provisions of this section shall be sub- e, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be asc been conferred) its sex, color, the full name and occupati said schedule shall be delivered, duly signed by the prac third day of each and every month to the office of the C shall occur without the attendance of a physician or pr attendance upon the mother, immediately thereafter it child to report its birth to the Commissioner of Health, i any such person or persons who shall hereafter fail to jected to the fine of ten (10) dollars for each offense,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

mother, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 de

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 may 1895
4. *Place of Birth, (Street and Number)* 221 Regester St
5. *Full Name of Mother,* Helga Solsten
6. *Mother's Maiden Name,* Helga Rosa
7. *Mother's Birthplace,* Norwegen Europ
8. *Full Name of Father,* Fred Solsten
9. *Father's Occupation* Marner
10. *Father's Birthplace,* Norwegen Europ

Name of Medical Attendant, or other person who makes this) Return, Ellen Smith

Address, 504 Sol Washington St

Remarks, 8950003139

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 65494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18th May 1895.
4. *Place of Birth, (Street and Number)* 1200 S. Charles st
5. *Full Name of Mother,* Carrie Martin Baker
6. *Mother's Maiden Name,* Annapolis Md
7. *Mother's Birthplace,* Charles Martin
8. *Full Name of Father,* Laborer
9. *Father's Occupation* Georgetown D.C.
10. *Father's Birthplace,* Elizabeth Yewell

Name of Medical Attendant, or other person who makes this Return.

Address, 4362 Fort ave

Remarks,

8950003140

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18th of May 95
4. *Place of Birth, (Street and Number)* 2020 Mary Anna St
5. *Full Name of Mother,* Dorothea Darrah
6. *Mother's Maiden Name,* Dorothea Mayer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Andreas Darrah
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W. Pratt St

Remarks,

8950003141

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18 ten Mai 1895
4. *Place of Birth, (Street and Number)* 813 Eamen strat
5. *Full Name of Mother,* Mari Zaskolka
6. *Mother's Maiden Name,* — Bartkofstra
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Josep Zaskolski
9. *Father's Occupation* Laber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. P. Lewenmann

Address, 225 Pare street

Remarks,

' 8 9 5 0 0 0 3 1 4 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-1-56

RETURN OF A BIRTH. 65497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Nathan Davis Janofsky

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 18, 1895

4. Place of Birth, (Street and Number) 145 South & auth St

5. Full Name of Mother, Jennie Kirshner Janofsky

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, Russian

8. Full Name of Father, Davis Janofsky

9. Father's Occupation Preacher Baptist

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, Mrs. A. Feldman

Address, 1013 E. Lombard St

Remarks, [illegible]

B 9 5 0 0 0 3 1 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

To secure the registration of births, and to ascertain the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 May 1895
4. *Place of Birth, (Street and Number)* 300 East St.
5. *Full Name of Mother,* Sophia Bogatzky
6. *Mother's Maiden Name,* Ehorst
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Leon Bogatzky
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Schermar

Address, 72 Albemarle St.

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

' 8 9 5 0 0 0 3 1 4 4

and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ascertained the full name of each child, (if any shall have
mother, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18 of May 1893
4. *Place of Birth, (Street and Number)* 1812 Dover Street
5. *Full Name of Mother,* Emile J Frisk
6. *Mother's Maiden Name,* Emile J Bliemburg
7. *Mother's Birthplace,* Crone Litten Russia
8. *Full Name of Father,* Sam G Frisk
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Kurland Russia

Name of Medical Attendant, or other person who makes this Return, Linn Miller

Address, 1806 Hollmead Street city

Remarks,

8 9 5 0 0 0 3 1 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19th May
4. *Place of Birth, (Street and Number)* Nr 1021. N. Lexington
5. *Full Name of Mother,* Mrs Blondina Walz
6. *Mother's Maiden Name,* Miss B Hartman
7. *Mother's Birthplace,* Bavaria Germany
8. *Full Name of Father,* Mr Michael Walz
9. *Father's Occupation* Schoemaker
10. *Father's Birthplace,* Bavaria Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 5 0 0 0 3 1 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 65377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 19 1895
4. *Place of Birth, (Street and Number)* 1205 Peabody St
5. *Full Name of Mother,* Mary Sandars
6. *Mother's Maiden Name,* Mary Burseak
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Sandars
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephan Conrad

Address, 1621 Barnes Baltimore Md

Remarks,

8 9 5 0 0 0 3 1 4 7

Provided, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 65502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1895 Born 20 of May
4. *Place of Birth, (Street and Number)* 25 S. Canal Street ave
5. *Full Name of Mother,* Mrs Martin Gastlinger
6. *Mother's Maiden Name,* Mary Zimmerman
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Martin McGastlinger
9. *Father's Occupation* wood turner
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return Mr J Hunter

Address, 23 N Poppleton St

Remarks,

0 9 5 0 0 0 3 1 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. to
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20th of May 95
4. *Place of Birth, (Street and Number)*	7 London Ave
5. *Full Name of Mother,*	Laura A Powell
6. *Mother's Maiden Name,*	Laura A. Waller
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Frederik Powell
9. *Father's Occupation*	Stone Cutter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Reuter Widwife
Address,	2116 W. Pratt St.
Remarks,	

8 7 5 0 0 0 3 1 4 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 65514

GIVEN NAME ADDED 4-6-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Clarence Edmond Mincher

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12. d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 20. 1.20. P. M. 1895
4. Place of Birth, (Street and Number) 231. Pearl street,
5. Full Name of Mother, Mary Jane Mincher,
6. Mother's Maiden Name, Boden,
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, William Bernard Mincher,
9. Father's Occupation, Laborer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kanny for the

Address, Mothers Relief Society, 632. N. Fremont Ave.

Remarks,

· 8 9 5 0 0 0 3 1 5 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 May 1895
4. *Place of Birth, (Street and Number)* 2218 Essex St
5. *Full Name of Mother,* Josefina Melkorn
6. *Mother's Maiden Name,* Josefina Batler
7. *Mother's Birthplace,* Baltimor M. D.
8. *Full Name of Father,* Jan Mulkorn
9. *Father's Occupation* Lauber
10. *Father's Birthplace,* Baltimor M. D.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

0750003151

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 65376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 2d (Twins)

1. *Sex, (state whether male or female)* Females
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 20 / 95
4. *Place of Birth, (Street and Number)* 607 German St.
5. *Full Name of Mother,* Johannah S. Schnell
6. *Mother's Maiden Name,* Kennett
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Schnell
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, H. W. Webner, M.D.

Address, 723 W. Lombard St.

Remarks, Delivered 1st with Forceps. Second was delivered naturally.

8 4 5 0 0 0 3 1 5 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 20 1895.
4. *Place of Birth, (Street and Number)* No. 414 Glen Edward ave.
5. *Full Name of Mother,* Josephine Ballard
6. *Mother's Maiden Name,* Josephine Phillips
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Charles Ballard.
9. *Father's Occupation* Clerk.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Augs. A. Boswell M. D.

Address, 1241 Hanford ave.

Remarks, 8950003153

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 6-21-5-5

RETURN OF A BIRTH. 65508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edwin Willard Elder

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 20 1895
4. *Place of Birth, (Street and Number)* 2108 Division St
5. *Full Name of Mother,* Kate Elder
6. *Mother's Maiden Name,* Shubbard
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Hilary Elder
9. *Father's Occupation,* R.R Employee
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Chas E Saddler

Address,

Remarks,

8950003154

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-5-58

RETURN OF A BIRTH. 65509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Walter Theodore Schroedl

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~5th~~ 4 and 5 th Twins

1. Sex, (state whether male or female) both Males
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20th May 1895
4. Place of Birth, (Street and Number) no 7 N Carlington Ave.
5. Full Name of Mother, Emma Schroedl
6. Mother's Maiden Name, Schaefer
7. Mother's Birthplace, Balto City
8. Full Name of Father, Otto L. Schroedl
9. Father's Occupation Dyer and Scourer.
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this Return, E. L. Evans M.D.

Address, 1835 E. Baltimore St.

Remarks, First born weighed 6½ lbs. 2nd 5½ lbs. 3 Twins & mos Children Living & Dead 1 5 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 20 May.
4. *Place of Birth, (Street and Number)* 1-227. Chapel Street.
5. *Full Name of Mother,* Mary Rebel.
6. *Mother's Maiden Name,* Mary" Dembrop.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Titus Rebel.
9. *Father's Occupation* Tailor.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, E Mary" Phelps.

Address, N-1933. Fairmount. st.

Remarks,

8950003156

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 m
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20th of May 95
4. *Place of Birth, (Street and Number)*	2124 Calverton Road
5. *Full Name of Mother,*	Anna Haugner
6. *Mother's Maiden Name,*	Anna Bühler
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Alois Haugner
9. *Father's Occupation*	Bäcker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Beutler Midwife
Address,	2116 W Pratt St
Remarks,	

8950003157

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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occupation of its parents, the date and place of birth; and the
e practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
ver it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
l to comply with the provisions of this section shall be sub-
e, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the
third day of each and every month to the office of the
shall occur without the attendance of a physician or
attendance upon the mother, immediately thereafter it
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to be

RETURN OF A BIRTH. 65512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 20th 1895
4. *Place of Birth, (Street and Number)* 3032 O'Donnell St
5. *Full Name of Mother,* Annie L. Heagy
6. *Mother's Maiden Name,* Annie L. Hopka
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Samuel H. Heagy
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs Burkard

Address 6 Bouldin St.

Remarks.

8950003158

Wm. J. C. Dulany Co., City Printers and Stationers.

tion of its parents, the date and place of birth; and the
been entered; its sex, color, the full name and occupation of
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 20 18 95
4. *Place of Birth, (Street and Number)* #232 ~~Gen~~ Richard ave
5. *Full Name of Mother,* Eliza Reames
6. *Mother's Maiden Name,* Ward
7. *Mother's Birthplace,* Baltimore county
8. *Full Name of Father,* John Reames
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return, Martha King

Address, #575 Richard ave

Remarks,

8 9 5 0 0 0 3 1 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 20 - 95.
4. *Place of Birth, (Street and Number)* 1122 N. Mount Street
5. *Full Name of Mother,* Effie ~~Sheldrick~~ Irving
6. *Mother's Maiden Name,* Effie H. Sheldrick.
7. *Mother's Birthplace,* New York City.
8. *Full Name of Father,* Henry Irving.
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, B. C. Catlin, M.D.

Address, 1122 N. Mount Street.

Remarks,

8950003160

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 65515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 21st 2 40 PM
4. Place of Birth, (Street and Number) 702 Druid Hill Ave
5. Full Name of Mother, Catherine Love
6. Mother's Maiden Name, Catherine Loftus
7. Mother's Birthplace, Ireland
8. Full Name of Father, Andrew Somerfield Love
9. Father's Occupation Shoemaker
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Bernhard Vogel M.D.

Address, 522 Pearl St

Remarks, None

8950003161

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 21 - 95

4. Place of Birth, (Street and Number) 537 Aisquith St

5. Full Name of Mother, Mary Maxwell Watson

6. Mother's Maiden Name, Balto

7. Mother's Birthplace, Samuel Maxwell

8. Full Name of Father, Carrier

9. Father's Occupation, Balto

10. Father's Birthplace, Mrs Mary A. Alburtis

Name of Medical Attendant, or other person who makes this Return. 1438 N Bond St

Address,

Remarks, 8950003162

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 21 - 95
4. Place of Birth, (Street and Number) 1532 N. Bond St
5. Full Name of Mother, Mary Biermann
6. Mother's Maiden Name, " Fangal
7. Mother's Birthplace, Balto
8. Full Name of Father, John H. Birman
9. Father's Occupation, Upholsterer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Allwell

Address, 1438 N. Bond St

Remarks, 8950003163

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 21. (3 30. P. M.)
4. Place of Birth, (Street and Number) 1832 Wilhelmina Str near Fulton Ave
5. Full Name of Mother, Maggie, Parker Goldmaker.
6. Mother's Maiden Name, Alexander
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Theodor, Emil Goldmaker.
9. Father's Occupation, Blacksmith.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kaune for the

Address, Mother Relief Society, 632 N. Fremont Ave.

Remarks, 8950003164

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 21st May 1900

4. *Place of Birth, (Street and Number)* 1616 Presbury Street

5. *Full Name of Mother,* Catherine Rebecca Harris

6. *Mother's Maiden Name,* Brighaus

7. *Mother's Birthplace,* Hanover York County Pa.

8. *Full Name of Father,* John Boyd Harris

9. *Father's Occupation* Conductor

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Mary L Hopkins

Remarks, 731 South Eutaw St

8 9 5 0 0 0 3 1 6 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 65520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 21 95
4. *Place of Birth, (Street and Number)* 225 Duncan Alley
5. *Full Name of Mother,* Ida McCord
6. *Mother's Maiden Name,* Ida Funk
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Thomas McCord
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mary E. Duggan

Address, 1903 Gough St

Remarks, 8 7 5 0 0 0 3 1 6 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 15 95
4. *Place of Birth, (Street and Number)* 1523 E. Monument St
5. *Full Name of Mother,* Annie E. Krug
6. *Mother's Maiden Name,* Lederbrod
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Angelbert H. Krug
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Caroline Müller

Address, 1605 Baltimore St

Remarks,

6 9 5 0 0 0 3 1 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 21. 1895
4. Place of Birth, (Street and Number) 2007 Eutaw Place
5. Full Name of Mother, Mrs Louis Landecker
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Martin Landecker
9. Father's Occupation, Publisher of Law books
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. B. B. Browne

Address, 1218 Madison Ave

Remarks,

0950003168

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 21 — 1895
4. Place of Birth, (Street and Number) 113 Mercer St.
5. Full Name of Mother, Rosine Depkin
6. Mother's Maiden Name, Penker
7. Mother's Birthplace, Germany
8. Full Name of Father, Karl Depkin
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address,

Remarks,

· 8 9 5 U 0 0 3 1 6 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

...upation of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...the Commissioner of Health. In case the birth of any child ...r practioner of midwifery, or should no other person be in ...r it shall become the duty of the person or parents of such ...th, in the manner and within the period above required, and ...o comply with the provisions of this section shall be sub- ...o be recovered as other fines and forfeitures are recoverable.

...said schedule shall be delivered, duly signed by the practitio... third day of each and every month to the office of the Co... shall occur without the attendance of a physician or pract... attendance upon the mother, immediately thereafter it sha... child to report its birth to the Commissioner of Health, in t... any such person or persons who shall hereafter fail to comp... jected to the fine of ten (10) dollars for each offence, to be re...

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 May 1895
4. *Place of Birth, (Street and Number)* 95 E. Pratt St.
5. *Full Name of Mother,* Augusta Knaup
6. *Mother's Maiden Name,* Meyer
7. *Mother's Birthplace,* (8) August 7. Knaup
8. *Full Name of Father,* (7) Germany
9. *Father's Occupation,* Saloon keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 72 Albemarle St

Remarks,

E 95 0 0 0 3 1 7 0

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* May the 21 1895
4. *Place of Birth, (Street and Number)* 192 West st
5. *Full Name of Mother,* Clarra Tilmon
6. *Mother's Maiden Name,* Clarra Jerkins
7. *Mother's Birthplace,* Lincksburg Virginia
8. *Full Name of Father,* richard Tilmon
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Anerandel County

Name of Medical Attendant, or other person who makes this Return, Sarah Jane Tilmon

Address, 194 west Fleury st

Remarks, full 9 months

8950003171

its parents, the date and place of birth; and the
r in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner in the
third day of each and every month to the office of the Commissioner
shall occur without the attendance of a physician or practioner of
attendance upon the mother, immediately thereafter, it shall become
child to report its birth to the Commissioner of Health, in the manner
any such person or persons who shall hereafter fail to comply with the
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 21, 1895.
4. *Place of Birth, (Street and Number)* 1219 E. Chas.
5. *Full Name of Mother,* Nora E. A. Cooke.
6. *Mother's Maiden Name,* Nora E. A. Smoley.
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Joseph T. Cooke
9. *Father's Occupation,* Motorman
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke, M. D.

Address, 914 St. Paul St.

Remarks,

B 9 5 0 0 0 3 1 7 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 65527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* May 21st 1905
4. *Place of Birth, (Street and Number)* Md Lying in Hosp
5. *Full Name of Mother,* Emma Wood
6. *Mother's Maiden Name,* Emma Wood
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* unknown
9. *Father's Occupation,* ——
10. *Father's Birthplace,* ——

Name of Medical Attendant, or other person who makes this Return, J W Keown M.D.

Address, Md Lying in Hosp

Remarks,

8950003173

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 22/05.
4. *Place of Birth, (Street and Number)* 2217 Eous 1 St
5. *Full Name of Mother,* Susan Burke
6. *Mother's Maiden Name,* Susan Reilly
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Burke
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary A. Powers

Address, 1903 Gough St

Remarks,

B 7 5 U 0 0 3 1 7 4

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, May 22nd 95
4. Place of Birth, (Street and Number) Md Lying in Hosp
5. Full Name of Mother, Martha Gross
6. Mother's Maiden Name, Martha Gross
7. Mother's Birthplace, Maryland
8. Full Name of Father, unknown
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. W. Keown M.D.

Address, Maryland Lying-in Hosp

Remarks,

8750003175

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* —

3. *Date of Birth,* May 22nd 1905

4. *Place of Birth, (Street and Number)* 11th 1900 E Madison St

5. *Full Name of Mother,* Mary Dorothea Dorsch

6. *Mother's Maiden Name,* Zeller Dorsch

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Peter Dorsch

9. *Father's Occupation* Saloon

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm L. Meaman Jr

Address, 11th 1917 E

Remarks, 8 2 5 0 0 0 3 1 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-5-56

RETURN OF A BIRTH. 65531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frederick Henkel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 22/95
4. Place of Birth, (Street and Number) 2214 Gough Str.
5. Full Name of Mother, Dora Henkel
6. Mother's Maiden Name, " Frasz
7. Mother's Birthplace, Balto.
8. Full Name of Father, Fred. Henkel
9. Father's Occupation Officer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

B 4 5 0 0 0 3 1 7 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65332

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Mother (state whether 1st, 2d, 3d, &c.) 7

whether Male or Female) Male

lor (if not of the white race) Colored

irth May 27 1911

rth (Street and Number) 1214 Druid Park Dr. 1304

of Mother Sophie Chaffee

laiden Name Sophie Carter

irthplace Cambridge Md

of Father Wellington Chaffee

cupation Waiter

irthplace Baltimore

Medical Attendant, or other Person who makes this Return. Sophia Thompson

920 Biddle St City

8950003178

tion of its parents, the date and place of birth; and the
titioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
ractioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
n the manner and within the period above required, and
omply with the provisions of this section shall be sub-
e recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 22
4. *Place of Birth, (Street and Number)* 1420 Lord St
5. *Full Name of Mother,* Wynifred Langschutteg
6. *Mother's Maiden Name,* Wynifred Ohlemann
7. *Mother's Birthplace,* England
8. *Full Name of Father,* John Langschutteg
9. *Father's Occupation* Iron Molder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Edw Grumph MD

Address, 617 Lord St

Remarks,

8950003179

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 22 1875
4. *Place of Birth, (Street and Number)* #229 Linwood ave
5. *Full Name of Mother,* Ida E Hinkle
6. *Mother's Maiden Name,* Carroll Grant E Stuart
7. *Mother's Birthplace,* Canton
8. *Full Name of Father,*
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Fulton county illinois

Name of Medical Attendant, or other person who makes this Return,

Address, Martha C Pring # 545 Hickory cor Hamden

Remarks,

· 8 9 5 U 0 0 3 1 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in charge of the case and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66-535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored race
3. Date of Birth, Born May 22nd 189-
4. Place of Birth, (Street and Number) 312 N. Ann St. Baltimore Md.
5. Full Name of Mother, Unmarried
6. Mother's Maiden Name, Katie Brown
7. Mother's Birthplace, St. Mary's County Md.
8. Full Name of Father, James Pack.
9. Father's Occupation Laborer
10. Father's Birthplace, Mackety

Name of Medical Attendant, or other person who makes this Return, Georgianna Brooks

Address, 1751 E. Mulliken St.

Remarks, No remark

8950003181

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 22 of May 1895
4. *Place of Birth, (Street and Number)*	No 1099 E. Hoffman St
5. *Full Name of Mother,*	Mary E. Mc Kenna
6. *Mother's Maiden Name,*	Mary E. Carey
7. *Mother's Birthplace,*	Philadelphia Pa.
8. *Full Name of Father,*	Michael Mc Kenna
9. *Father's Occupation*	Police
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Jno C. Lasser
Address,	No 1059 Harford Ave
Remarks,	Bal Md

1895000318 2

1895

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. (6533)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girls

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 22/95

4. Place of Birth, (Street and Number) 117 S. Register Str.

5. Full Name of Mother, Mary Zarbes

6. Mother's Maiden Name, Stein

7. Mother's Birthplace, Germany

8. Full Name of Father, John Zarbes

9. Father's Occupation Laberer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2125 Gough St.

Remarks,

' 8 9 5 0 0 0 3 1 8 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person required, and in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	May 22/95
4. *Place of Birth, (Street and Number)*	108 W Conway St
5. *Full Name of Mother,*	Mrs Mary C Lucas
6. *Mother's Maiden Name,*	" " Bowers
7. *Mother's Birthplace,*	Orings Mills Md
8. *Full Name of Father,*	Saml. M. Lucas
9. *Father's Occupation*	Druggist
10. *Father's Birthplace,*	A. A Co. Md
Name of Medical Attendant, or other person who makes this Return,	T C Worthington
Address,	840 W. Fayette St.
Remarks,	8950003184

The occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED - 6/1968

RETURN OF A BIRTH. 65339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: CHARLES ALBAN ~~TOWNSEND~~ 2d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) May 23/95

3. Date of Birth, 1505 Clifton St.

4. Place of Birth, (Street and Number) Mrs Chas W. Townsend

5. Full Name of Mother, Lula Steckells

6. Mother's Maiden Name, Balto Md.

7. Mother's Birthplace, Chas. W. Townsend

8. Full Name of Father, Conductor

9. Father's Occupation Balto. Md.

10. Father's Birthplace, E. Agnial M D.

Name of Medical Attendant, or other person who makes this Return, 2505 Penna. Ave.

Address,

Remarks,

8 9 5 0 0 0 3 1 8 5

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	13th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 23rd 95
4. *Place of Birth, (Street and Number)*	1307 Clifton st.
5. *Full Name of Mother,*	Christina Kramer
6. *Mother's Maiden Name,*	" Ritter
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Michael Kramer
9. *Father's Occupation,*	Chicken Dresser
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	L. F Fox M.D.
Address,	2414 Druid Hill Ave
Remarks,	

0750003186

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 23/95
4. Place of Birth, (Street and Number) 34 S. Carolina St.
5. Full Name of Mother, Mary Battee
6. Mother's Maiden Name, Tavenne
7. Mother's Birthplace, Balto.
8. Full Name of Father, Louis Battee
9. Father's Occupation Laberer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

0750003187

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 23, 95
4. *Place of Birth, (Street and Number)* 910 Hopkins Ave
5. *Full Name of Mother,* Lenora Robinson
6. *Mother's Maiden Name,* Cook
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Alexander Robinson
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Talbot County Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St

Remarks,

8750003188

Wm. J. C. Dulany Co., City Printers and Stationers.

...practitioner in the form of a certificate between the first and ...of the Commissioner of Health. In case the birth of any child ...or practioner of midwifery, or should no other person be in ...ter it shall become the duty of the person or parents of such ...lth, in the manner and within the period above required, and ...to comply with the provisions of this section shall be sub- ...any such person or persons who shall hereafter fail to com- ...jected to the fine of ten (10) dollars for each offence, to be ...to be recovered as other fines and forfeitures are recoverable.

...said schedule shall be delivered, duly signed by the practi- ...third day of each and every month to the office of the C... ...shall occur without the attendance of a physician or pra... ...attendance upon the mother, immediately thereafter it s... ...child to report its birth to the Commissioner of Health, in...

RETURN OF A BIRTH. 65343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 May
4. *Place of Birth, (Street and Number)* 1312 Harrett ~~st.~~ ave.
5. *Full Name of Mother,* Anna Naumann
6. *Mother's Maiden Name,* Gebuhr
7. *Mother's Birthplace,* Germani
8. *Full Name of Father,* August Naumann
9. *Father's Occupation,* workman
10. *Father's Birthplace,* Germani

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Dr. Prell
1312 Bond St 8938

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Thursday May 23 1895
4. Place of Birth, (Street and Number) 891 N Boyd St
5. Full Name of Mother, Rose Monkesey
6. Mother's Maiden Name, Rose Quinn
7. Mother's Birthplace, Fermanagh Ireland
8. Full Name of Father, John Monkesey
9. Father's Occupation Porter
10. Father's Birthplace, Tipperary Ireland

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 231 N Poppleton St

Remarks, 8750003190

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Contractor, its Sex, Color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 10

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 23 May 1895
4. *Place of Birth,* (*Street and Number*) 208 Mulberry St.
5. *Full Name of Mother,* Molly Erlinger
6. *Mother's Maiden Name,* Blumenstein
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Isaac Erlinger
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E. Scherman

Address, 42 Albemarle St

Remarks,

6450003191

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 65546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 23 1895
4. *Place of Birth, (Street and Number)* 1623 Barnes st
5. *Full Name of Mother,* Sophia Slokum
6. *Mother's Maiden Name,* Sophia yundra
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Slokum
9. *Father's Occupation,* Laba
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephian Conrad

Address, 1621 Barnes st Baltimore Md

Remarks,

, 8950003192

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

65547

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 23/95
4. Place of Birth, (Street and Number) Maryland Lying in Hosp
5. Full Name of Mother, Annie Haverly -
6. Mother's Maiden Name, Annie Haverly
7. Mother's Birthplace, Germany
8. Full Name of Father, unknown
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr Rennon M.D.

Address, Maryland Lying-in Hospital

Remarks,

8 5 U 0 0 3 1 9 3

Been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 24th 1895
4. Place of Birth, (Street and Number) 1200 West Cross Street
5. Full Name of Mother, Kate Webster Geoghegan
6. Mother's Maiden Name, Kate Webster Sheffer
7. Mother's Birthplace, Baltimore City Maryland
8. Full Name of Father, John Richard Geoghegan Jr.
9. Father's Occupation, Physician
10. Father's Birthplace, Baltimore City Maryland

Name of Medical Attendant, or other person who makes this Return, John R. Geoghegan Jr. M.D.

Address, 1200 W. Cross Street Balto City Md.

Remarks, 8950003194

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4.
1. *Sex, (state whether male or female)*	Girl.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	27. May.
4. *Place of Birth, (Street and Number)*	N. 104. Chapel street.
5. *Full Name of Mother,*	Sophy Pauls.
6. *Mother's Maiden Name,*	Sophy Slaier.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	George Pauls.
9. *Father's Occupation*	Tailor.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Mary Glass.
Address,	C. 1933. Fairmount Av.
Remarks,	8950003195

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 65550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, May 24.
4. Place of Birth, (Street and Number) 1263 William St
5. Full Name of Mother, Alice Zirzinnick
6. Mother's Maiden Name, Hayward
7. Mother's Birthplace, " City
8. Full Name of Father, Jos. Zirzinnick
9. Father's Occupation Baker
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, J. C. Lynch MD

Address, 571 Hanover

Remarks,

8950003196

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 65557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 24 1895

4. *Place of Birth, (Street and Number)* 2429 Eastern Ave.

5. *Full Name of Mother,* Annie Buckard

6. *Mother's Maiden Name,* Annie Becker

7. *Mother's Birthplace,* Italy

8. *Full Name of Father,* Joseph Buckard

9. *Father's Occupation* Grocer

10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Joseph L. Lucera

Address, 120 E Canton St.

Remarks,

8750003197

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

65552

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 24 1895
4. *Place of Birth, (Street and Number)* 607 E Lexington
5. *Full Name of Mother,* Margaret Lemmer
6. *Mother's Maiden Name,* Margaret Lemmer
7. *Mother's Birthplace,* Baltic
8. *Full Name of Father,* William Lemmer
9. *Father's Occupation* Can maker
10. *Father's Birthplace,* Baltic

Name of Medical Attendant, or other person who makes this Return, Samuel L Lewis

Address, 824 S Caton Ave

Remarks,

0750003198

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 65553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Myrtle Edelmann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 24 1915
4. Place of Birth, (Street and Number) 319 S. Madeira Str.
5. Full Name of Mother, Maggie Edelman
6. Mother's Maiden Name, Fergotta
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Edelman
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8 7 5 0 0 0 3 1 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24th May 1895
4. *Place of Birth, (Street and Number)* 114½ Cleveland St
5. *Full Name of Mother,* Mary E. T. Arnold
6. *Mother's Maiden Name,* " " Butler
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Joseph H. Arnold
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 231 S Poppleton St

Remarks, 8 9 5 0 0 0 3 2 0 0

Every child born within the City of Baltimore shall be registered, and the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City P[illegible] and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 24 '96
4. *Place of Birth, (Street and Number)* 516 N Ballast St
5. *Full Name of Mother,* Helene Schultz
6. *Mother's Maiden Name,* " Pfeffer
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Charles Schultz
9. *Father's Occupation* Carter
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Caroline

Address, 1605 Walbert St

Remarks, Full name of child is "Marie Caroline Schultz" Christening certificate signed by "Rev Otto Burhenn" and attached.

V 675000 83201

Wm. J. C. Dulany Co., City Printers and Stationers.

CITY'S NAME ADDED 3-11-55 [illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Irene Margaret Schutz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girls.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 24/95
4. *Place of Birth, (Street and Number)* 425 N. Madeira Str.
5. *Full Name of Mother,* Louisa Schutz
6. *Mother's Maiden Name,* " Luber
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Robert Schutz
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Leisenhofer

Address, 2225 Gough Str.

Remarks, Twins

8750003202

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

on of its parents, the date and place of birth; and the
tioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
ctioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
the manner and within the period above required, and
mply with the provisions of this section shall be sub-
recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Friday. May 24th 1895.
4. *Place of Birth, (Street and Number)* 1237 S Charles st Balto Md
5. *Full Name of Mother,* Mary Elizibeth Engel.
6. *Mother's Maiden Name,* Mary Elizibeth Long
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Edwin Charles Engel.
9. *Father's Occupation* Cabinetmaker.
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 Cross st

Remarks,

8950003203

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24th May
4. *Place of Birth, (Street and Number)* No 614 Cross St
5. *Full Name of Mother,* Annie Schmidt
6. *Mother's Maiden Name,* " " Kruse
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Adolph Geo. Schmidt
9. *Father's Occupation* Brewer
10. *Father's Birthplace,* Bidenkopf Ger.

Name of Medical Attendant, or other person who makes this Return, Mrs A M Bischoff

Address, No 829 Columbia Ave.

Remarks,

8 9 5 0 0 0 3 2 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65559

4-4-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Charles Francis Franke 3.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 24. May. 1895
4. Place of Birth, (Street and Number) 1- 629. Chastelstreet.
5. Full Name of Mother, Christine Franke.
6. Mother's Maiden Name, Christine Lang.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Franz Franke.
9. Father's Occupation Tailor.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mary Ross.

Address, N. 1933. Fairmount. ave.

Remarks,

8 9 5 0 0 0 3 2 0 5

Wm. J. C. Dulany Co., City Printers and Stationers

occupation of its parents, the date and place of birth; and the
the practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
n or practioner of midwifery, or should no other person be in
fter it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
e, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the prac
third day of each and every month to the office of the
shall occur without the attendance of a physician or pr
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to be

RETURN OF A BIRTH 65560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 24/95
4. *Place of Birth, (Street and Number)* 421 N. Patterson Park Ave.
5. *Full Name of Mother,* Ida Hohle
6. *Mother's Maiden Name,* Koehler
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo. Hohle
9. *Father's Occupation* Barkeeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8 9 5 0 0 0 3 2 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM

RETURN OF A BIRTH. 65561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 24/95
4. *Place of Birth, (Street and Number)*	2652 Florence St.
5. *Full Name of Mother,*	Mrs Jno Tenske
6. *Mother's Maiden Name,*	Martha Greil
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Tenske
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	C. A. Grill M.D.
Address,	2505 Penna. Ave.
Remarks,	

8950003207

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4.th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	24th of May 95
4. *Place of Birth, (Street and Number)*	106 Stappert St.
5. *Full Name of Mother,*	Auguste Gilbert
6. *Mother's Maiden Name,*	Auguste Gent
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Gilbert
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Heuler Midwife
Address,	2116 W. Pratt St.
Remarks,	8950003208

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-1-56

RETURN OF A BIRTH. 65563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Meyer Jacob Goldberg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 24 95
4. Place of Birth, (Street and Number) 503 E Fayette St,
5. Full Name of Mother, Rebecca Goldberg
6. Mother's Maiden Name, " Braman
7. Mother's Birthplace, Germany
8. Full Name of Father, Chas Goldberg
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J H Rothrock M.D.

Address, 916 E Fayette St

Remarks,

8950003209

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male,
2. *Race or Color, (if not of the white race)* White,
3. *Date of Birth,* May 24th 95,
4. *Place of Birth, (Street and Number)* 323 Caldwell St,
5. *Full Name of Mother,* Louisa Breidenbach,
6. *Mother's Maiden Name,* " Henningen,
7. *Mother's Birthplace,* New Jersey,
8. *Full Name of Father,* Rudolph Breidenbach,
9. *Father's Occupation* Laborer,
10. *Father's Birthplace,* Germany,

Name of Medical Attendant, or other person who makes this Return, Wm Buderer M.D.

Address, 914 West Fayette St,

Remarks, 8950003210

been conferred) its sex, color, the full name and occupation of its said schedule shall be delivered, duly signed by the practitioner in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2-d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 24.
4. *Place of Birth, (Street and Number)*	539 W Dec St
5. *Full Name of Mother,*	Helen Hoffman
6. *Mother's Maiden Name,*	" Kearney
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Wm Hoffman
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Philadelphia
Name of Medical Attendant, or other person who makes this Return,	L C Burda MD
Address,	571 Hanover
Remarks,	

8 7 5 0 0 0 3 2 1 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 65566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 24th 1891
4. Place of Birth, (Street and Number) 3105 Foster Av
5. Full Name of Mother, Laura Cedora Hoffmann Dobrabaer
6. Mother's Maiden Name, "
7. Mother's Birthplace, York Co Pa
8. Full Name of Father, John Hoffmann
9. Father's Occupation, Barber
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. W. H. Schwalke M.D.

Address, 2425 Fait Av

Remarks, 8950003212

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 65567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 24 1895.
4. *Place of Birth, (Street and Number)* 203 Cedar ave.
5. *Full Name of Mother,* Laura Virginia Byler.
6. *Mother's Maiden Name,* Shipley.
7. *Mother's Birthplace,* Ind.
8. *Full Name of Father,* Charles Edwin Byler.
9. *Father's Occupation* Railroader.
10. *Father's Birthplace,* Ind.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8950003213

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12.

1. *Sex, (state whether male or female)* Girl

2. *Race or Color, (if not of the white race)* white.

3. *Date of Birth,* 25. May.

4. *Place of Birth, (Street and Number)* 1-404. Ann Street.

5. *Full Name of Mother,* Barbara Nelsen.

6. *Mother's Maiden Name,* Barbara Ebert.

7. *Mother's Birthplace,* Germany.

8. *Full Name of Father,* Fred. Nelsen.

9. *Father's Occupation* Engineer.

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Marie Klass.

Address, C-1733. Fairmount. Av.

Remarks,

8950003214

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 25/95
4. *Place of Birth, (Street and Number)* 218 E. Fayette St.
5. *Full Name of Mother,* Annie Hall
6. *Mother's Maiden Name,* " Ringler
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Edward Hall
9. *Father's Occupation* Plumber
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

B 9 5 0 0 0 3 2 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

...pation of its parents, the date and place of birth; and the ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

65570

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* May 25. 1895
4. *Place of Birth, (Street and Number)* 513 South Green st.
5. *Full Name of Mother,* Annie L. Biddle
6. *Mother's Maiden Name,* Annie L. Jackson
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Grant E. Biddle
9. *Father's Occupation,* Chal. Teacher
10. *Father's Birthplace,* Baltimore
11. *Name of Medical Attendant,* or other person who makes this Return, Millie Gross.

Address, 17 Winder st.

Remarks, 0950003216

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C. BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 65571

65571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 25 — 1895
4. Place of Birth, (Street and Number) 313 S. Dallas St.
5. Full Name of Mother, Kelly Turner
6. Mother's Maiden Name, Turner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Nathan Turner
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks, 8 7 5 0 0 0 3 2 1 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

of its parents, the date and place of birth; and the
been committed; his sex, color, the full name and occupation of its p
ner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner in t
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
missioner of Health.
ner of midwifery, or should no other person be in
shall occur without the attendance of a physician or practioner of
l become the duty of the person or parents of such
attendance upon the mother, immediately thereafter it shall becom
manner and within the period above required, and
child to report its birth to the Commissioner of Health, in the man
y with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply with
jected to the fine of ten (10) dollars for each offence, to be recovered
overed as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 25
4. *Place of Birth, (Street and Number)* 1243 South Eutaw st Baltimore
5. *Full Name of Mother,* Jennie E Fritz
6. *Mother's Maiden Name,* Anna E Hartman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Fritz
9. *Father's Occupation* Glass Blower
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Mrs Bange

Address, 711 N. Cross st

Remarks, 8 9 5 0 0 0 3 2 1 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED - 2/20/67

RETURN OF A BIRTH. 65573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: CHARLES ROBERT ~~JOHNSON~~, JR.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, May 25th 95
4. *Place of Birth*, (Street and Number) 2528 Francis st.
5. *Full Name of Mother*, Carrie R Johnson
6. *Mother's Maiden Name*, " " Albrt
7. *Mother's Birthplace*, Baltimore City
8. *Full Name of Father*, Charles R. Johnson
9. *Father's Occupation*, Clerk
10. *Father's Birthplace*, Balto city

Name of Medical Attendant, or other person who makes this Return, L. F. Frey

Address, 2414 Druid Hill Ave.

Remarks,

8950003219

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5te

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25ten of May 95
4. *Place of Birth, (Street and Number)* 2124 Vine St.
5. *Full Name of Mother,* Katie Schaillein
6. *Mother's Maiden Name,* Katie Zinlauf
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Georg Schaillein
9. *Father's Occupation* Contractor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W. Pratt St.

Remarks,

8 9 5 0 0 0 3 2 2 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED, 10-14-63

RETURN OF A BIRTH. 65575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Grace Elizabeth Pfeifer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 March 1901
4. Place of Birth, (Street and Number) 301 Parkin St
5. Full Name of Mother, Louise Euler
6. Mother's Maiden Name, Louise Gesell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Euler
9. Father's Occupation Saloon
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan M. Hunter

Address, 23 E. Population St

Remarks, 8 7 5 0 0 0 3 2 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

tion of its parents, the date and place of birth; and the
titioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 25 - 1895
4. *Place of Birth, (Street and Number)* 975 Lanvale Ave
5. *Full Name of Mother,* Adelaide Elizabeth Mankin
6. *Mother's Maiden Name,* Adelaide Elizabeth Ball
7. *Mother's Birthplace,* Woodberry
8. *Full Name of Father,* Jacob Mankin
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, M J Feeney

Address, 2847 Lanvale St

Remarks,

8 9 5 0 0 0 3 2 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65577

over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name- Emma Marie Brown

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 25 1895

4. Place of Birth, (Street and Number) 3 13 Linwood ave 6th

5. Full Name of Mother, Lina Rose G. Brown

6. Mother's Maiden Name, Lina Rose Garvin

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, Jonathan Bodine Brown

9. Father's Occupation Waste

10. Father's Birthplace, Baltimore county

Name of Medical Attendant, or other person who makes this Return, Martha King

Address, 515 Hickory ave Canton city

Remarks,

8950003223

Wm. J. C. Dulany Co., City Printers and Stationers.

...pation of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...the Commissioner of Health. In case the birth of any child ...r practicioner of midwifery, or should no other person be in ...it shall become the duty of the person or parents of such ...h, in the manner and within the period above required, and ...o comply with the provisions of this section shall be sub- ...to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) .....

1. *Sex, (state whether ~~male or~~ female)* .....
2. *Race or Color, (~~if not of the~~ white race)* ..... /
3. *Date of Birth,* ..... May 25/95
4. *Place of Birth, (Street and Number)* ..... 1210 Aisquith St.
5. *Full Name of Mother,* ..... Gertrude A McClure
6. *Mother's Maiden Name,* ..... Drake
7. *Mother's Birthplace,* ..... Frederick Md.
8. *Full Name of Father,* ..... Jas F McClure Jr
9. *Father's Occupation* ..... Printer
10. *Father's Birthplace,* ..... Balt

Name of Medical Attendant, or other person who makes this Return, ...

Address, ... 1502 N Bond St.

Remarks, ... born

0 9 5 0 0 0 3 2 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-25-55

RETURN OF A BIRTH. 65579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Thomas James Wood

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 25, 1895
4. *Place of Birth, (Street and Number)* 905 Russell St.
5. *Full Name of Mother,* Mary V. Wood
6. *Mother's Maiden Name,* Mary V. Bottom.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John B. Wood.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke, M. D.

Address, 914 W. Lafayette St.

Remarks,

B 7 5 0 0 0 3 2 2 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 65580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* Bohemia.
3. *Date of Birth,* May 25/95
4. *Place of Birth, (Street and Number)* 507 Chapel st
5. *Full Name of Mother,* Rosa Vodicka
6. *Mother's Maiden Name,* " Novinche
7. *Mother's Birthplace,* 507 Chapel st.
8. *Full Name of Father,* Frank Vodicka
9. *Father's Occupation* Taylor.
10. *Father's Birthplace,* Europe.

Name of Medical Attendant, or other person who makes this Return. A. V. Flentje M.D.

Address, 1108 Orleans st.

Remarks, 6 9 5 0 0 0 3 2 2 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 25/95
4. Place of Birth, (Street and Number) 618 S. Port St.
5. Full Name of Mother, Rosina Doeres
6. Mother's Maiden Name, Trautner
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Doeres
9. Father's Occupation Laberer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks.

0 7 5 0 0 0 3 2 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

qvw

66582

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Lawrence Westley Ament

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 25, 1896.
4. Place of Birth, (Street and Number) 724 Church St.
5. Full Name of Mother, Ann Matilda Ament.
6. Mother's Maiden Name, Naylor.
7. Mother's Birthplace, Md.
8. Full Name of Father, George Wesley Ament.
9. Father's Occupation Plasterer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return Chas. H. Mitchell M.D.

Address, 291 Cleadmont ave.

Remarks, 8950003228

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED, 2-4-59

RETURN OF A BIRTH. 65583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Florence Gross

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 25th of may 1895
4. Place of Birth, (Street and Number) 219 welcome ally
5. Full Name of Mother, Carrie Gross
6. Mother's Maiden Name, Carrie Nicholson
7. Mother's Birthplace, Queen ana County md.
8. Full Name of Father, John Wm Gross
9. Father's Occupation, Laborer
10. Father's Birthplace, Calvert County md.

Name of Medical Attendant, or other person who makes this Return, Millie Gross

Address, 17 Vivian St

Remarks,

· 8950003229

Wm. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 65584

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) African
3. Date of Birth May 23. 1895
4. Place of Birth (Street and Number) 589 Orchard St
5. Full Name of Mother Lizzie Haines
6. Mother's Maiden Name " " "
7. Mother's Birthplace Eastern Shore Virginia
8. Full Name of Father Illegitimate
9. Father's Occupation ———
10. Father's Birthplace ———

Name of Medical Attendant, or other Person who makes this Return. J. D. Iglehart

Address 1214 Linden Ave

Remarks

8950003230

City of Baltimore, shall report to the registrar aforesaid, advise at the Birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65585

GERTIFICATE CORRECTED 12-30-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Wiener ~~Lloyd~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 26/95
4. Place of Birth, (Street and Number)	1535 N. Mount St
5. Full Name of Mother,	Mary Elizabeth (Kate) Floyd Lloyd
6. Mother's Maiden Name,	" (Kate) ~~Offenbacher~~ Wenzel
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	~~Stirling~~ Floyd Joseph Sherlock Lloyd
9. Father's Occupation,	Mechanic
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	Geo. W. Norris M.D
Address,	1501 Eastman St
Remarks,	

6 9 5 0 0 0 3 2 3 1

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* May 26. 1895
4. *Place of Birth, (Street and Number)* 223 N York st
5. *Full Name of Mother,* Maggie Sanke
6. *Mother's Maiden Name,* Maggie Laws
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Sanke
9. *Father's Occupation* Drive wagon
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Charlotte Fullam

Address, 710 Lee Hall st

Remarks, 8950003232

been conferred) its sex, color, the full name and occupation of each parent, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 655-87

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)		First
1. *Sex, (state whether male or female)*		Female
2. *Race or Color, (if not of the white race)*		
3. *Date of Birth,*		May 26 - 95
4. *Place of Birth, (Street and Number)*		1330 N. Eden St
5. *Full Name of Mother,*		Cora Hebden
6. *Mother's Maiden Name,*		" Beckman
7. *Mother's Birthplace,*		Balto
8. *Full Name of Father,*		Michael Hebden
9. *Father's Occupation,*		Clothing Cutter
10. *Father's Birthplace,*		Balto
Name of Medical Attendant,	or other person who makes this Return,	Mrs Mary A. Allwell
Address,		1438 N. Bond St
Remarks,		

8 9 5 U 0 0 3 2 3 3

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d-

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, May 26th,
4. Place of Birth, (Street and Number) No 16 E. Henrietta St,
5. Full Name of Mother, Rena Potee,
6. Mother's Maiden Name, Moran
7. Mother's Birthplace, Balto. City,
8. Full Name of Father, Joseph Potee,
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto, Md

Name of Medical Attendant, or other person who makes this Return, Thos A. Edenduci M.D

Address, No 721 Columbia Ave

Remarks, 8950003234

and whether shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 26, 1893
4. *Place of Birth, (Street and Number)* 3081 Hunt St.
5. *Full Name of Mother,* Christine Schoenhofe.
6. *Mother's Maiden Name,* Christine Adler.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Julious Schoenhofe.
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary L Savage

Address, 824 Canton St

Remarks,

8 7 5 0 0 0 3 2 3 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 65590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* 26 of May 1895.
4. *Place of Birth, (Street and Number)* 535 N. Th Caroline St
5. *Full Name of Mother,* Eliza. Turner
6. *Mother's Maiden Name,* Eliza. Hucks.
7. *Mother's Birthplace,* Baltimore City. MD.
8. *Full Name of Father,* Elijah Turner.
9. *Father's Occupation,* Laboring Navy.
10. *Father's Birthplace,* Accomac Co Va.

Name of Medical Attendant, or other person who makes this Return. Annie Duncan

Address, 602 McElderry Court.

Remarks,

8950003236

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 65591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 26 — 1895
4. *Place of Birth, (Street and Number)* 250 S. Bond St.
5. *Full Name of Mother,* May Virginia Kernan Buckler
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Calvert Co Md
8. *Full Name of Father,* Francis Kernan
9. *Father's Occupation* Lamp Lighter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8950003237

Wm. J. C. Dulany Co,. City Printers and Stationers.

...ts parents, the date and place of birth; and the ...n the form of a certificate between the first and ...ssioner of Health. In case the birth of any child ...r of midwifery, or should no other person be in ...become the duty of the person or parents of such ...anner and within the period above required, and ...with the provisions of this section shall be sub-...red as other fines and forfeitures are recoverable.

...Sex, Color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 children

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 26th of May
4. *Place of Birth, (Street and Number)* 251 Fusset St
5. *Full Name of Mother,* Daddie Coleman
6. *Mother's Maiden Name,* Daddie Hatten
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Samuel Coleman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 419, Lewis Street

Remarks, Doing well as can be expect.

8750003238

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 Albemarle St
4. Place of Birth, (Street and Number) 2nd floor
5. Full Name of Mother, Jenia Collenberg
6. Mother's Maiden Name, Collenberg
7. Mother's Birthplace, Poltava Russia
8. Full Name of Father, Lichar Collenberg
9. Father's Occupation, Presser
10. Father's Birthplace, Poltava Russia

Name of Medical Attendant, or other person who makes this Return, Yetta Glavanosky

Address, 1027 E. Pratt St

Remarks, 0950007239

and schools shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 26th 95
4. *Place of Birth, (Street and Number)*	834 W. Saratoga St
5. *Full Name of Mother,*	Kate Ellavitch
6. *Mother's Maiden Name,*	Wolf
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	Jacob Ellavitch
9. *Father's Occupation*	Merchant
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Thomas Opie M D
Address,	219 W Monument St
Remarks,	8950003240

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* — — —

3. *Date of Birth,* May 26 th 1895

4. *Place of Birth, (Street and Number)* 4th E 1433 Aisquith

5. *Full Name of Mother,* Mary Grüner

6. *Mother's Maiden Name,* Mary Stange

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* George Grüner

9. *Father's Occupation* Baker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. L. Gross

Address, 1907 E Monument St

Remarks,

8950003241

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female).* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 26. 1895
4. *Place of Birth, (Street and Number)* Maternite, 410 N. Hoffman St.
5. *Full Name of Mother,* Jane Johnson
6. *Mother's Maiden Name,* Jane Johnson
7. *Mother's Birthplace,* Natural Bridge Va
8. *Full Name of Father,* John Jefferson
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other person who makes this Return. Louise Eaton, M.D. Resident

Address, Maternite, 410 N. Hoffman St.

Remarks,

6 7 5 0 0 0 3 2 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 26 - 95
4. Place of Birth, (Street and Number) 245 Camel alley
5. Full Name of Mother, Martha Hedgemon
6. Mother's Maiden Name, Martha Hedgemon
7. Mother's Birthplace, Balto.
8. Full Name of Father, unknown
9. Father's Occupation, ———
10. Father's Birthplace, ———

Name of Medical Attendant, or other person who makes this Return, J. H. Krown M.D.

Address, Maryland Lying-in Hospital

Remarks, 8950003243

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in charge, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recoverable.

RETURN OF A BIRTH. 65398

over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Name Elizabeth Jane Lonroe

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27th January 95
4. *Place of Birth, (Street and Number)* 1924 Lemon St.
5. *Full Name of Mother,* Mary Lonroe
6. *Mother's Maiden Name,* Mary Carroll
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Michael Lonroe
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Henke Midwife

Address, 2116 W. Pratt St.

Remarks,

0 7 5 0 0 0 3 2 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65599

GIVEN NAME ADDED 6-7-1963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ethel Viola Evans

No. of Child of Mother, (~~*state whether 1st,* 2*d,* &c. &c.~~)

1. *Sex,* (~~*state whether male or*~~ *female*)
2. *Race or Color,* (~~*if not of the*~~ *white race*)
3. *Date of Birth,* May 27/95
4. *Place of Birth,* (*Street and Number*) 1240 E South Ave
5. *Full Name of Mother,* Annie M Evans
6. *Mother's Maiden Name,* Berger
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Chas H Evans
9. *Father's Occupation* Carpenter (Bath. Fire Co.)
10. *Father's Birthplace,* Balto Co.

Name of Medical Attendant, or other person who makes this Return, Dr Rothbaum

Address, 1521 N Bond St

Remarks, Twin, 8950003245

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* 27 day of May,
4. *Place of Birth, (Street and Number)* 251 Bethel Street
5. *Full Name of Mother,* Laura Jane Jewell
6. *Mother's Maiden Name,* Laura Jane Jacount.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* William Jacount
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return. Elizerberth Madounglia

Address, 222 Bethel Street bet. Fayette and Multikin

Remarks,

0750003246

Every person having charge of a child at its birth shall, within five days thereafter, report to the Commissioner of Health the name and occupation of its parents, the date and place of birth; and the name and address of the physician or midwife in attendance, if any, and if there be no physician or midwife in attendance, then the name and address of the householder in whose house the birth occurs, or of the nearest householder, if the birth occurs in a house occupied by the parents only, shall report the birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

birth conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 27th 1895.
4. *Place of Birth, (Street and Number)* 1614 Alice anna Street.
5. *Full Name of Mother,* Louisa. Immerman.
6. *Mother's Maiden Name,* Louisa. Kraemer.
7. *Mother's Birthplace,* Bavaria.
8. *Full Name of Father,* John. Immerman.
9. *Father's Occupation.* Street Paver.
10. *Father's Birthplace,* Baltimore City.

Name of Medical Attendant, or other person who makes this Return. Mrs. Anna. Louise Imbert

Address, 1539. Alice anna Street. Baltimore City

Remarks,

8 9 5 U 0 0 3 2 4 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 65603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 27, 1895
4. *Place of Birth, (Street and Number)* 410 W. Eastwood St
5. *Full Name of Mother,* Thresa Louis Walker
6. *Mother's Maiden Name,* Thresa Edris
7. *Mother's Birthplace,* Baltimore, Md
8. *Full Name of Father,* John Walker
9. *Father's Occupation* Contractor
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, Louis Edris M.D. Resident

Address, Maternity Dept Univ Hospital

Remarks. 410 W. Eastwood St.

8 9 5 0 0 0 3 2 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...the Commissioner of Health. In case the birth of any child ...third day of each and every month to the office of the ...shall occur without the attendance of a physician or practitioner it shall ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) first.

1. *Sex, (~~state whether male or~~ female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 27. 1895
4. *Place of Birth, (Street and Number)* 1346 N. Stricker St.
5. *Full Name of Mother,* Mattie C. Kerr Mathias.
6. *Mother's Maiden Name,* " " Kerr
7. *Mother's Birthplace,* Washington Pa.
8. *Full Name of Father,* Delos A. Mathias
9. *Father's Occupation* Reporter
10. *Father's Birthplace,* Monroe Iowa

Name of Medical Attendant, or other person who makes this Return, Coan Belle Brewster M.D.

Address, 1027 Madeira ave.

Remarks,

8750073249

Wm. J. C. Dulany Co., City Printers and Stationers

...on of its parents, the date and place of birth; and the ...ocal Commissioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commis... shall occur without the attendance of a physician or practioner ... attendance upon the mother, immediately thereafter it shall be ... child to report its birth to the Commissioner of Health, in the ma... any such person or persons who shall hereafter fail to comply w... jected to the fine of ten (10) dollars for each offence, to be recove...

...ioner in the form of a certificate between the first and ...Commissioner of Midwifery, or should no other person be in ...ctioner of midwifery, or should no other person be in ...shall become the duty of the person or parents of such ...the manner and within the period above required, and ...mply with the provisions of this section shall be sub... recovered as other fines and forfeitures are recoverable.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 65604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* 27 May 96
4. *Place of Birth, (Street and Number)* 304 1/2 E. 1st,
5. *Full Name of Mother,* Harriett Harris
6. *Mother's Maiden Name,* Harriett Randall
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Samuel Harris
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. Naughton Bagley

Address, Guilford Av & 21 St

Remarks, Normal

8950003250

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 65606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 27, 1895
4. *Place of Birth, (Street and Number)* 1441 Covington
5. *Full Name of Mother,* Mary A. Amy
6. *Mother's Maiden Name,* Mary A. Sumwalt
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Jos. H. A. Amy
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke, M.D.

Address, 914 St. Charles St

Remarks, 8950003251

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of mid wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 65606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 27th May

4. *Place of Birth, (Street and Number)* 412 Burgundy St

5. *Full Name of Mother,* Emma Eckert

6. *Mother's Maiden Name,* Emma Meyer

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* John A. Paschen

9. *Father's Occupation* Labor Work

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Crossst

Remarks, 8950003252

Name, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 65603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, May 27th, 1895.

4. Place of Birth, (Street and Number) 2026 Payson St.

5. Full Name of Mother, Isabella Agnes Arndt.

6. Mother's Maiden Name, Isabella Agnes Call

7. Mother's Birthplace, Philadelphia Penna.

8. Full Name of Father, Emil Arndt.

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. James H. Zapp M.D.

Address, N.E. Cor. North ave and Ninth St

Remarks,

· 8 9 5 0 0 0 3 2 5 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 28
4. *Place of Birth, (Street and Number)*	# 322 Duncan Alley
5. *Full Name of Mother,*	Lena Korsch
6. *Mother's Maiden Name,*	Lena Mc Lees
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John Korsch
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary A Portner
Address,	1241 S. Chester St.
Remarks,	

8 7 5 0 0 0 3 2 5 4

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 65609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 28, 1895
4. Place of Birth, (Street and Number) 1101 Chesapeake St.
5. Full Name of Mother, Katharine Winkelman.
6. Mother's Maiden Name, Katharine Shwabe.
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Winkelman.
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 Lanvin St.

Remarks, 8 9 5 0 0 0 3 2 5 5

said schedule shall be delivered, duly signed by the practitioner in the case, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 65610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Tuesday the 28th May
4. *Place of Birth, (Street and Number)* No 120 West Fort Ave
5. *Full Name of Mother,* Jane Hoppe
6. *Mother's Maiden Name,* Jane Purdy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Werner Hoppe
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Minde

Address, 800 Leadenhall St.

Remarks,

· 8 9 5 0 0 0 3 2 5 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 28 - 1895
4. *Place of Birth, (Street and Number)* 1410 Block St.
5. *Full Name of Mother,* Louise Kathey Brown
6. *Mother's Maiden Name,* Nicolaus
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William A. Brown
9. *Father's Occupation* Rigger
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address 427 E. Pratt St.

Remarks,

8950003257

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 & 2.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec 28 of May 1895

4. *Place of Birth, (Street and Number)* No 124 Harford Ave

5. *Full Name of Mother,* Mary E. St. Clair

6. *Mother's Maiden Name,* Catherine St. Marquandt

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Thomas H. St. Clair

9. *Father's Occupation* Cook

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Chas Lauer

Address, No 959 Harford Ave

Remarks, Bal Md

8 9 5 0 0 0 3 2 5 8

1895

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st & 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 1st 28 of May 1895

4. *Place of Birth, (Street and Number)* 20 So Eutaw St

5. *Full Name of Mother,* Agnes Gaith

6. *Mother's Maiden Name,* Agnes Heine

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Thomas Frank L. Gaith

9. *Father's Occupation* Parker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ch. Lauer

Address, 105 Harford Ave

Remarks, Baltimore Md

1895000325 9

1895

Wm. J. C. Dulany Co., City Printers and Stationers.

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

65614

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 25 - 95
4. *Place of Birth, (Street and Number)* 1128 Brevard Ave
5. *Full Name of Mother,* Kate Brown
6. *Mother's Maiden Name,* Kate Gary
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jno W. Brown
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Louisa Jones

Address, 644 Fawn Alley

Remarks,

6950003260

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 28" 1895
4. *Place of Birth, (Street and Number)* 758 Columbia ave
5. *Full Name of Mother,* Emma Smith
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo Smith
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo Graham

Address, 725 Columbia ave

Remarks,

8 4 5 0 0 0 3 2 6 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 6-29-55

RETURN OF A BIRTH. 65616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Catherine Elizabeth ~~Elizabeth~~ Danohue 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 28 — 1895
4. Place of Birth, (Street and Number) 120 S. Caroline St.
5. Full Name of Mother, Mary Danohue
6. Mother's Maiden Name, Wirth
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James E. Danohue
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Steine

Address 427 E Fratt St.

Remarks, 8950003262

said schedule shall be delivered, duly signed by the practitioner in ... the date and place of birth; and the ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 28th 1895
4. *Place of Birth, (Street and Number)*	1557 Irving St Place
5. *Full Name of Mother,*	Sarah J Campbell
6. *Mother's Maiden Name,*	Cook
7. *Mother's Birthplace,*	Wilmington Del
8. *Full Name of Father,*	F. J Campbell
9. *Father's Occupation,*	Plumber
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Chas E Sattler
Address,	1829 Boston St
Remarks,	

8950003263

Wm J C. Dulany Co., City Printers and Stationers.

The Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 65618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	5/28/95
4. *Place of Birth, (Street and Number)*	118 E Hughes
5. *Full Name of Mother,*	Lena Dammeman
6. *Mother's Maiden Name,*	" Mohl
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Aug. Dammeman
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Leity
Name of Medical Attendant, or other person who makes this Return,	E D Ellis M.D.
Address,	915 Light st
Remarks,	

8 7 5 U 0 0 3 2 6 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 65619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 28/95
4. *Place of Birth, (Street and Number)* 2527 Carlton Ave
5. *Full Name of Mother,* Bertha Darnell
6. *Mother's Maiden Name,* Bertha Gamil
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Edward Darnell
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland Mary B. Pennsylvania

Name of Medical Attendant, or other person who makes this Return.

Address, 1903 Eutaw St

Remarks,

' 8 9 5 0 0 0 3 2 6 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 28 (8 o'clock A. M.
4. *Place of Birth, (Street and Number)* 1003 Green Court E. Balto.
5. *Full Name of Mother,* Maggie Annie Osburn,
6. *Mother's Maiden Name,* ~~H~~ Hodges,
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Francis M. Osburn,
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Anundel Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kaune for the

Address, Mothers Relief Society, 632. N. Fremont ave.

Remarks,

8950003266

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* May the 28 1895
4. *Place of Birth, (Street and Number)* Church st No 16
5. *Full Name of Mother,* Jane White
6. *Mother's Maiden Name,* Jane Butler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Butler
9. *Father's Occupation* labour
10. *Father's Birthplace,* west Minister

Name of Medical Attendant, or other person who makes this Return, Hannah Jane Wilson

Address, No 124 west Fleet st

Remarks, full 9 months

8750003267

said schedule shall be delivered, duly signed by the practitioner in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner or person in attendance upon the mother, to the parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female

1. *Sex, (state whether male or female)* 5th

2. *Race or Color, (if not of the white race)* Mulatto

3. *Date of Birth,* May 28 95

4. *Place of Birth, (Street and Number)* 2537 McCulloh St

5. *Full Name of Mother,* Sadie Williams

6. *Mother's Maiden Name,* Sadie Burgee

7. *Mother's Birthplace,* Balto Co

8. *Full Name of Father,* Edgar R. Williams

9. *Father's Occupation,* Conductor BCRR Co

10. *Father's Birthplace,* Balto Co

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Madison Ave

Remarks, City

8 9 5 0 0 0 3 2 6 8

Wm J C. Dulany Co., City Printers and Stationers.

65123

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 to

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 28 1895
4. *Place of Birth, (Street and Number)* 723 Port St.
5. *Full Name of Mother,* Sara Sussman
6. *Mother's Maiden Name,* Sara Snicker
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Christoph Sussman
9. *Father's Occupation* Labour
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Daniel F. Sharrow

Address, 721 E. Canton Ave

Remarks,

· 8950003269

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 65624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd child

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* May 28th, 1895
4. *Place of Birth, (Street and Number)* 745 Hulton Avenue
5. *Full Name of Mother,* Christiana Richter
6. *Mother's Maiden Name,* Liesemeier.
7. *Mother's Birthplace,* Cassel, Prussia
8. *Full Name of Father,* Richard Richter.
9. *Father's Occupation,* Compositor
10. *Father's Birthplace,* Saxony, Germany

Name of Medical Attendant, or other Person who makes this Return. Alice E. Parkhurst M.D.

Address, 1410 Park Avenue

Remarks,

8 Y 5 0 0 0 3 2 7 0

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 65625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 May 1855
4. *Place of Birth, (Street and Number)* 218 Eden st
5. *Full Name of Mother,* Jennie Lopher
6. *Mother's Maiden Name,* Saperstine
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Samuel Lopher
9. *Father's Occupation,* Cigarmaker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 72 Albemarle st.

Remarks,

87500003271

Wm J C. Dulany Co., City Printers and Stationers.

...outer in the form of a certificate between the first and ...missioner of Health. In case the birth of any child ...tioner of midwifery, or should no other person be in ...shall become the duty of the person or parents of such ...he manner and within the period above required, and ...mply with the provisions of this section shall be sub- ...ecovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 May 1855
4. *Place of Birth, (Street and Number)* 411 Forrest St
5. *Full Name of Mother,* Lea Feldman
6. *Mother's Maiden Name,* Levin
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Solomon Feldman
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Ackerman

Address, 72 Albemarle St.

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

0 1 5 0 0 0 3 2 7 2

RETURN OF A BIRTH. 65627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 May
4. Place of Birth, (Street and Number) Thames str 1627
5. Full Name of Mother, Anna Sadosky
6. Mother's Maiden Name, Kristopanka
7. Mother's Birthplace, Russ Pole
8. Full Name of Father, Anton Sadovsky
9. Father's Occupation, workman
10. Father's Birthplace, Russ pole

Name of Medical Attendant, or other person who makes this Return, Marie Prestl.

Address, S Bond str. 638

Remarks, 8950003273

Wm J C. Dulany Co., City Printers and Stationers.

...practitioner in the form of a certificate between the first and ...shall be delivered, duly signed by the practi... to the office of the Com... the Commissioner of Health. In case the birth of any child ... or practitioner of midwifery, or should no other person be in ... shall occur without the attendance of a physician or prac... ter it shall become the duty of the person or parents of such ... attendance upon the mother, immediately thereafter it s... child to report its birth to the Commissioner of Health. In the manner and within the period above required, and ... any such person or persons who shall hereafter fail to c... to comply with the provisions of this section shall be sub... jected to the fine of ten (10) dollars for each offence, to be r... , to be recovered as other fines and forfeitures are recoverable.

65628

RETURN OF A BIRTH.

GIVEN NAME ADDED 2/6/61

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NAME: MARY LYNN WALKER

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex* (state whether Male or Female) Female ~~Male~~
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 28, 1895
4. *Place of Birth* (Street and Number) 1321 McCulloh st.
5. *Full Name of Mother* Eliz. M. Walker
6. *Mother's Maiden Name* Eliza. M. Moore
7. *Mother's Birthplace* Georgia
8. *Full Name of Father* Hugh K. Walker
9. *Father's Occupation* Minister
10. *Father's Birthplace* Tenn.

Name of Medical Attendant, or other Person who makes this Return. Joseph T. Smith M.D.

Address 1010 Madison Ave.

Remarks

8 9 5 0 0 0 3 2 7 4

The City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 65-659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 ant

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 29th 1895
4. *Place of Birth, (Street and Number)* 2125 Division Street.
5. *Full Name of Mother,* Alice Copeland
6. *Mother's Maiden Name,* Alice Spriggs
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Walter Copeland
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, George W Dobbin

Address, The Johns Hopkins Hospital

Remarks,

8 7 5 0 0 0 3 2 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65630

GIVEN NAME ADDED 4-8-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna ~~May~~ Wolf

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, May 29, 1895
4. *Place of Birth*, (*Street and Number*) 518 N Monroe St
5. *Full Name of Mother*, Annie Marie Wolf
6. *Mother's Maiden Name*, Annie Marie Seatz
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, James Wilbur Wolf
9. *Father's Occupation* Traveling Salesman
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J Perry

Address, 2247 Lanvale St

Remarks,

8750003276

Wm. J. C. Dulany Co., City Printers and Stationers.

65 631

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 29, 1895
4. *Place of Birth, (Street and Number)* 530 N. Saratoga
5. *Full Name of Mother,* Agatha Hayden
6. *Mother's Maiden Name,* Agatha Brosht
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edna K. Hayden
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Looke, M.D.

Address, 914 N. Charles St.

Remarks,

B 1 5 0 0 0 3 2 7 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 65-631 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 2 nd

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 29th 1896.
4. Place of Birth, (Street and Number) 530 Saratoga st
5. Full Name of Mother, Agatha Hayden
6. Mother's Maiden Name, " Krastek
7. Mother's Birthplace, Baltimore City, Md
8. Full Name of Father, King Hayden
9. Father's Occupation Printer
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Frank W. Sumwalt

Address, 322 N Gaven ave

Remarks, 8750003278

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 29th may
4. *Place of Birth, (Street and Number)* 1521
5. *Full Name of Mother,* Katie R Bonsall
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William C Bonsall
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Matilda Johnson

Address, 408 Pines st

Remarks,

8 9 5 0 0 0 3 2 7 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IX

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 31/95
4. *Place of Birth, (Street and Number)* 823 S. Montford Ave.
5. *Full Name of Mother,* Maggie Kopp
6. *Mother's Maiden Name,* Strochlein
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Charles Kopp
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8950003280

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15 a 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* May 29 a 1893
4. *Place of Birth, (Street and Number)* 104 Hughes St Balto
5. *Full Name of Mother,* Lucy Holmes
6. *Mother's Maiden Name,* Lucy J Bolley
7. *Mother's Birthplace,* Cambridge Md
8. *Full Name of Father,* William Holmes
9. *Father's Occupation* Oyster Schucker
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Caroline Moore

Address, 49. W. West 41 Balto

Remarks, 8950003281

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 29th 1895
4. *Place of Birth, (Street and Number)* 308 Lancaster Alley
5. *Full Name of Mother,* Ada Lane Waters
6. *Mother's Maiden Name,* Ada Lane
7. *Mother's Birthplace,* Calvert Co
8. *Full Name of Father,* Henry Waters
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Calvert Co

Name of Medical Attendant, or other person who makes this Return, Henry Mason M.D.

Address, 809 Lemmon

Remarks,

5950003282

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 65636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 29, 1895
4. *Place of Birth, (Street and Number)* 1124 Cleveland
5. *Full Name of Mother,* Elizabeth M. Gordan
6. *Mother's Maiden Name,* Elizabeth M. Riley
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Richard H. Gordan
9. *Father's Occupation,* Moulder
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Theodore Baker M.D.

Address, 914 N. Charles St.

Remarks, 8950003283

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 65637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 29th 1895
4. *Place of Birth, (Street and Number)* 223 S Caroline Street
5. *Full Name of Mother,* Daisy V. Wright
6. *Mother's Maiden Name,* Daisy V. Burke
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Daniel J. Wright
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, James Nicholson

Address, 84 Marsquito Street

Remarks,

8 9 5 0 0 0 3 2 8 4

occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 65638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 29/95
4. *Place of Birth, (Street and Number)* 1917 Jefferson Str.
5. *Full Name of Mother,* Louisa Kaiser
6. *Mother's Maiden Name,* " Bosse
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Killian Kaiser
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

' 8 9 5 0 0 0 3 2 8 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-19-52

RETURN OF A BIRTH. 65639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Eberle ~~Walsh~~ Disney

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Wednesday May 29th 95. (1 a.m.)
4. Place of Birth, (Street and Number) 345 N Carey St
5. Full Name of Mother, Mary Isabel Disney
6. Mother's Maiden Name, Mary I. Rodenhi
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thos Cole Disney
9. Father's Occupation Civil Engineer
10. Father's Birthplace, A.A. County Md

Name of Medical Attendant, or other person who makes this Return, Elsmere Md.

Address, 116 W. Mulberry St Baltimore Md

Remarks, 0 7 5 0 0 0 3 2 8 6

said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 63640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, ~~2d, 3d, &c.~~)			First.
1. *Sex*, (*state whether male or female*)			Male.
2. *Race or Color*, (*if not of the white race*)			Brown. afrian descend.
3. *Date of Birth*,	—	—	May 29. 1895.
4. *Place of Birth*, (*Street and Number*)	—		S. Eutaw St. No. 616.
5. *Full Name of Mother*,	—	—	Mary, Lizzie Jackson.
6. *Mother's Maiden Name*,	—	—	Mary. Lizzie Payne.
7. *Mother's Birthplace*,	—	—	Baltimore City. Md.
8. *Full Name of Father*,	—	—	John Jackson.
9. *Father's Occupation*,	—	—	Huckster.
10. *Father's Birthplace*,	—	—	Cambridge. Md.

Name of Medical Attendant, or other person who makes this Return. A. F. Voltmann. M. D.

Address, Res 628. S. Eutaw St. Balt. Md.

Remarks,

8950003287

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 65641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 29. 1896 10. A. M.
4. *Place of Birth, (Street and Number)* 825 N. Carrollst.
5. *Full Name of Mother,* Lillian Maggie Thompson
6. *Mother's Maiden Name,* Tolson
7. *Mother's Birthplace,* Carroll Co. Md.
8. *Full Name of Father,* Oliver N. Thompson
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Wm. A. Faunt for the

Address, Maternal Relief Society, 632. N. Fremont Ave.

Remarks, 8950003288

Wm J C. Dulany Co., City Printers and Stationers.

practitioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
r practitioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or prac
er it shall become the duty of the person or parents of such
attendance upon the mother, immediately thereafter it sh
th, in the manner and within the period above required, and
ild to comply with the provisions of this section shall be sub
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to be re
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 24 January 1895
4. *Place of Birth, (Street and Number)* 1542 Whatcoat St
5. *Full Name of Mother,* Nellie Conell
6. *Mother's Maiden Name,* Nellie Green
7. *Mother's Birthplace,* Prince Georges Co Md
8. *Full Name of Father,* Willie Bonsell
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mattie da Johnson

Address,

Remarks, no

8 9 5 0 0 0 3 2 8 9

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Every physician in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
practitioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
the manner and within the period above required, and
comply with the provisions of this section shall be sub-
recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 65643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (State whether male or female)* Female,
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 29th May 1895
4. *Place of Birth, (Street and Number)* N.E. cor. Ashland ave & Dalas
5. *Full Name of Mother,* Anny Hladky
6. *Mother's Maiden Name,* " Pazourek
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Hladky
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Kate Pazourek

Address, 164 Abbott str

Remarks,

8950003290

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

63644

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 29th 1895
4. *Place of Birth (Street and Number)*	302 N Bystor St
5. *Full Name of Mother*	Nellie H Mitchell
6. *Mother's Maiden Name*	— — Korn
7. *Mother's Birthplace*	Pennsylvania
8. *Full Name of Father*	Harry D Mitchell
9. *Father's Occupation*	Minister of the Gospel M.E.C.
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this return	Same
Address	314 N Eutaw St
Remarks	

8 9 5 0 0 0 3 2 9 1

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

arrive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 65-645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth child

1. *Sex, (state whether male or female)* Male Child
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 28th 1892
4. *Place of Birth, (Street and Number)* Bruce St 6, 30
5. *Full Name of Mother,* Mary Morton age 31
6. *Mother's Maiden Name,* Mary Wade
7. *Mother's Birthplace,* Anne Arundel Co. Md.
8. *Full Name of Father,* Charlie Morton age 42
9. *Father's Occupation,* Common Labor
10. *Father's Birthplace,* Penn

Name of Medical Attendant, or other person who makes this Return, Corvil Reid

Address, 412 Dukeman Alley

Remarks,

8950003292

Wm J C. Dulany Co., City Printers and Stationers.

...practitioner in the form of a certificate between the first and ...the Commissioner of Health. In case the birth of any child ...or practitioner of midwifery, or should no other person be in ...after it shall become the duty of the person or parents of such ...alth, in the manner and within the period above required, and ...ail to comply with the provisions of this section shall be sub- ..., to be recovered as other fines and forfeitures are recoverable.

...third day of each and every month to the office of the Co... shall occur without the attendance of a physician or pra... attendance upon the mother, immediately thereafter it ... child to report its birth to the Commissioner of Health, in ... any such person or persons who shall hereafter fail to c... jected to the fine of ten (10) dollars for each offence, to be ...

RETURN OF A BIRTH. 65646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether* [redacted] *or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Born on 29 Nov
4. *Place of Birth, (Street and Number)* 416 Bond Ave
5. *Full Name of Mother,* Margaret Isabelle Adcock
6. *Mother's Maiden Name,* Toad
7. *Mother's Birthplace,* Dorchester County
8. *Full Name of Father,* Lewis Albert
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Catherine Mimms

Address, 800 Leadenhall St.

Remarks,

8750003293

Wm. J. C. Dulany Co,. City Printers and Stationers.

...said schedule shall be delivered, duly signed by the practitioner in the ... parents, the date and place of birth; and the ... the form of a certificate between the first and ... in case the birth of any child ... sioner of Health. ... person be in ... of midwifery, or should no other person or parents of such ... come the duty of the person or parents of such ... manner and within the period above required, and ... with the provisions of this section shall be sub- ... child to report its birth to the Commissioner of Health, in the manner and ... any such person or persons who shall hereafter fail to comply with the ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Marguerite Downs

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 30, 1893
4. Place of Birth, (Street and Number) Essex St.
5. Full Name of Mother, Mary Downs.
6. Mother's Maiden Name, Mary Casey.
7. Mother's Birthplace, Balto.
8. Full Name of Father, Michael Downs
9. Father's Occupation Bailiff in the tax Department.
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Dwyer

Address, 824 Canton St.

Remarks,

0750003294

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 30 th
4. *Place of Birth, (Street and Number)*	1102 Carrol St
5. *Full Name of Mother,*	Mary C. Strickler
6. *Mother's Maiden Name,*	Mary C. Sauerbier
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John E. Strickler
9. *Father's Occupation*	Can-Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Adelgonda Olefer
Address,	734 St Peter St
Remarks,	8 A 5 0 0 0 3 2 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* May 30th 1895
4. *Place of Birth, (Street and Number)* No 1428 Lough Str
5. *Full Name of Mother,* Katie Wolf
6. *Mother's Maiden Name,* Meier
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Wolf
9. *Father's Occupation* Grocer Repairs
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Myers

Address, No 1907 E. Monument Str.

Remarks, 6750003296

Wm. J. C. Dulany Co., City Printers and Stationers.

...ion of its parents, the date and place of birth; and the ...itioner in the form of a certificate between the first and ...Commissioner of Health. In case the birth of any child ...ctioner of midwifery, or should no other person be in ...shall become the duty of the person or parents of such ...the manner and within the period above required, and ...mply with the provisions of this section shall be sub- ...recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 30th 1895
4. *Place of Birth, (Street and Number)* 902 N. Fulton Ave.
5. *Full Name of Mother,* Elizabeth Hoffman
6. *Mother's Maiden Name,* Elizabeth Spicer
7. *Mother's Birthplace,* Balto., Md.
8. *Full Name of Father,* Dan'l Peterson Hoffman
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Chas. Wattenschaidt M.D.

Address, 838 N. Fulton Ave.

Remarks, Premature birth 6 mos.

8950003297

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

of its parents, the date and place of birth; and the
ner in the form of a certificate between the first and
missioner of Health. In case the birth of any child
tioner of midwifery, or should no other person be in
l become the duty of the person or parents of such
manner and within the period above required, and
ply with the provisions of this section shall be sub-
overed as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissio
shall occur without the attendance of a physician or practitioner o
attendance upon the mother, immediately thereafter it shall becom
child to report its birth to the Commissioner of Health, in the manne
any such person or persons who shall hereafter fail to comply with
jected to the fine of ten (10) dollars for each offense, to be recovered

RETURN OF A BIRTH. 65651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex, (state whether male or female)* Girle
2. *Race or Color, (if not of the white race)* Colerd
3. *Date of Birth,* may 30 1895
4. *Place of Birth, (Street and Number)* 216 Rock St
5. *Full Name of Mother,* mary E Brooks
6. *Mother's Maiden Name,* mary E melbin
7. *Mother's Birthplace,* Elicotts City m d
8. *Full Name of Father,* Johnson Brooks
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Jane Butler

Address, 212 Rock St

Remarks, the child is doing well

8950003298

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 65652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 30, 1895.
4. *Place of Birth, (Street and Number)* 260 Cedar ave.
5. *Full Name of Mother,* Ida Gertrude Alden.
6. *Mother's Maiden Name,* Bull.
7. *Mother's Birthplace,* Ind.
8. *Full Name of Father,* Silas Alden.
9. *Father's Occupation* Railroader.
10. *Father's Birthplace,* Ind.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8950003299

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 65652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* May 30/95
4. *Place of Birth (Street and Number),* 1430 Parish alley
5. *Full Name of Mother,* Maggie Dorcey
6. *Mother's Maiden Name,* Maggie Frisby
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Lemuel Dorcey
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Sarah E. Dee

Address, 612 Collet St

Remarks,

6 9 5 0 0 0 3 3 0 0

timore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 65653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 30th May
4. *Place of Birth, (Street and Number)* 154a Woodyear st
5. *Full Name of Mother,* Elyd Johnson
6. *Mother's Maiden Name,* Eliza J Spencer
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* Daniel Johnson
9. *Father's Occupation,* Cedar
10. *Father's Birthplace,* Great town Md

Name of Medical Attendant, or other person who makes this Return. Mathilda Upshur

Address,

Remarks,

8750003301

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

65-654

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* May 30 1897
4. *Place of Birth, (Street and Number)* 217 Bath st
5. *Full Name of Mother,* Sarah Walker
6. *Mother's Maiden Name,* Sarah Lewis
7. *Mother's Birthplace,* Northumberland co Va
8. *Full Name of Father,* Joseph Walker
9. *Father's Occupation* Oyster Shop
10. *Father's Birthplace,* Northumberland co Va

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams

Address, 910 Leadenhall st

Remarks, 8750003302

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Col
3. *Date of Birth,*	30th May 1895
4. *Place of Birth, (Street and Number)*	26 Redman Court
5. *Full Name of Mother,*	Lizzie Wilson
6. *Mother's Maiden Name,*	Lizzie Robins
7. *Mother's Birthplace,*	Essex County Va
8. *Full Name of Father,*	John Wilson
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Princess Anna County Va
Name of Medical Attendant, or other person who makes this Return.	Caroline Moore
Address,	47 W. West St Balto Md
Remarks,	0795000033303

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	30th of May 95
4. *Place of Birth, (Street and Number)*	432 Frederick Road
5. *Full Name of Mother,*	Louise Bruns
6. *Mother's Maiden Name,*	Louise Wagner
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	August Bruns
9. *Father's Occupation*	Harnessmaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friedrike Henker Williams
Address,	2116 W. Pratt St.
Remarks,	

B 9 5 0 0 0 3 3 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM

KODAK

...ts parents, the date and place of birth; and the ...in the form of a certificate between the first and ...sioner of Health. In case the birth of any child ...of midwifery, or should no other person be in ...come the duty of the person or parents of such ...ner and within the period above required, and ...ith the provisions of this section shall be sub- ...ed as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* — — — —
3. *Date of Birth,* May 31st 1905
4. *Place of Birth, (Street and Number)* No 2102 Belvedere Ave
5. *Full Name of Mother,* Emma Block
6. *Mother's Maiden Name,* Purvis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Herman Block
9. *Father's Occupation* Brewer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Roy L. Gross

Address, No 1907 E Monument Ste

Remarks, 0 9 5 0 0 0 3 3 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

said statute shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 31/95
4. *Place of Birth, (Street and Number)* 141 N. Patterson Park Ave.
5. *Full Name of Mother,* Amelie Bretthold
6. *Mother's Maiden Name,* " Bartenfeld
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Henry Bretthold
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, " " 225 Gough St.

Remarks,

8950003306

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65-659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 31 — 1895
4. *Place of Birth, (Street and Number)* 2215 Fairmount Ave.
5. *Full Name of Mother,* Emilie Weber
6. *Mother's Maiden Name,* Yonderheide
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fritz Weber
9. *Father's Occupation* Musicioner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address. 1427 E. Pratt St.

Remarks,

8750003307

The Return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 65660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 31 — 1895
4. *Place of Birth, (Street and Number)* 1503 Fairmount Ave
5. *Full Name of Mother,* Louise Jones
6. *Mother's Maiden Name,* Johnson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Jones
9. *Father's Occupation* Hostler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1727 E. Fall St.

Remarks,

8950003308

Wm. J. C. Dulany Co., City Printers and Stationers.

...ioner in the form of a certificate between the first and ...nmissioner of Health. In case the birth of any child ...ioner of midwifery, or should no other person be in ...all become the duty of the person or parents of such ...he manner and within the period above required, and ...ply with the provisions of this section shall be sub- ...covered as other fines and forfeitures are recoverable.

...shall be delivered duly signed by the practitioner in ... and the ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

65661

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 31st May 1895

4. Place of Birth, (Street and Number) 91 E Fort Ave

5. Full Name of Mother, Mary E McGonegal

6. Mother's Maiden Name, Kenny

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John McGonegal

9. Father's Occupation Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Elizabeth Bywell

Address, 496 E Fort ave

Remarks,

8750003309

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

GIVEN NAME ABBED 4-7-57

RETURN OF A BIRTH. 65662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Mae Knapp

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 31 (3, 15 P. M. 1895
4. *Place of Birth, (Street and Number)* 875 Lemmon Street
5. *Full Name of Mother,* Dorothea Knapp
6. *Mother's Maiden Name,* Weber
7. *Mother's Birthplace,* Balto, Md.
8. *Full Name of Father,* Heinrich Knapp
9. *Father's Occupation,* Smith
10. *Father's Birthplace,* Duisburg – Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Keune for the

Address, Mothers Relief Society, 632 N. Fremont Ave.

Remarks,

8 9 5 0 0 0 3 3 1 0

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	Mulatto
3.	*Date of Birth,*	May 31st 1895.
4.	*Place of Birth, (Street and Number)*	517 Moore's Alley
5.	*Full Name of Mother,*	Lula Virginia Elizabeth Johnson
6.	*Mother's Maiden Name,*	Lyla " East
7.	*Mother's Birthplace,*	Washington, D.C.
8.	*Full Name of Father,*	George Lawrence Johnson
9.	*Father's Occupation,*	Porter
10.	*Father's Birthplace,*	Maryland
	Name of Medical Attendant, or other person who makes this Return,	Jos D. Farrar.
	Address,	302 W. Lombard St.
	Remarks,	

8950003311

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

All schemes shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 65664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 31, 1894
4. *Place of Birth, (Street and Number)* 1719 Baker St
5. *Full Name of Mother,* Mrs Ivan Sayre
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Carroll Co
8. *Full Name of Father,* Ivan Sayre
9. *Father's Occupation,* Cer Conductor
10. *Father's Birthplace,* Carroll County

Name of Medical Attendant, or other person who makes this Return, B. B. Browne M.D.

Address, 1218 Madison Ave

Remarks,

0750003312

...shall be the form of a certificate between the first and ... Commissioner of Health. In case the birth of any child ... practitioner of midwifery, or should no other person be in ... shall become the duty of the person or parents of such ... in the manner and within the period above required, and ... comply with the provisions of this section shall be sub- ... recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 31st '95
4. Place of Birth, (Street and Number) Maryland Lying-in Hospital
5. Full Name of Mother, Kate McMakin.
6. Mother's Maiden Name, Kate Gibney.
7. Mother's Birthplace. Maryland.
8. Full Name of Father, George McMakin
9. Father's Occupation, Porter.
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, J. H. Keown M.D.

Address, Maryland Lying-in Hospital.

Remarks, 8950003313

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Lebuld

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May th. 31. 1895
4. *Place of Birth, (Street and Number)* 219. Chestnut ave Hampden
5. *Full Name of Mother,* Ada Zella Gannon
6. *Mother's Maiden Name,* Ada Zella Snoden
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Robert Henry Gannon
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* West Va

Name of Medical Attendant, or other person who makes this Return

Address, Martha E King 545 Thickory ave

Remarks, Hampden city

8 Y 5 0 0 0 3 3 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Negro
3. *Date of Birth,*	May 31 1897
4. *Place of Birth, (Street and Number)*	940 Booth St.
5. *Full Name of Mother,*	Lizzie White Brooks
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Anne Arundel Co. Md
8. *Full Name of Father,*	Arthur White
9. *Father's Occupation*	Farmer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	Ida Pollack M.D.
Address,	1109 N. Caulbert St.
Remarks,	

0 7 5 0 0 0 3 3 1 5

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 65668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* May 21st 1895
4. *Place of Birth (Street and Number),* 1824 Etting st
5. *Full Name of Mother,* Harriet Woolson
6. *Mother's Maiden Name,* Harriet Bailey
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Henry Woolson
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* ~~Virginia~~ Virginia

Name of Medical Attendant, or other person who makes this Return. Sarah E Dot

Address, 612 Collett St

Remarks,

8950003316

shall be delivered, duly signed by the practitioner in the case and place of birth; and the said schedule each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

timore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 65669

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 31. 1895

4. Place of Birth, (Street and Number) 760 West Lexington St

5. Full Name of Mother, Leila Wilson

6. Mother's Maiden Name, Leila Walling

7. Mother's Birthplace, Kentucky

8. Full Name of Father, Alfred L Wilson

9. Father's Occupation, Real Estate Agent

10. Father's Birthplace, London Co Virginia

Name of Medical Attendant, or other Person who makes this Return Alex Tinsley M.D.

Address, 2102 St Paul St

Remarks.

0 7 5 0 0 0 3 3 1 7

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...born or not, the full name, nativity, and residence ...mother of such child or children."

RETURN OF A BIRTH. 65670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 21 of May 1895
4. *Place of Birth, (Street and Number)* No 101 Wilcox St
5. *Full Name of Mother,* Mary Jane Carthy
6. *Mother's Maiden Name,* Mary A. Treble
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James Mc. Carthy
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs C. H. Jones

Address, No 105 Hayard Ave

Remarks, Bal. Md.

1895 0003318

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* May 31 st 1895
4. *Place of Birth, (Street and Number)* 912 826 Washington st
5. *Full Name of Mother,* Maggie Barrett
6. *Mother's Maiden Name,* Mulhern
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Mathias Barrett
9. *Father's Occupation* Paver
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address,

Remarks, 8 4 5 0 0 0 3 3 Filed: 1895

The schedule shall be delivered, duly signed by the practitioner in attendance upon the mother, immediately after the birth; and the parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 31/95
4. *Place of Birth, (Street and Number)* 139 Spring Ln
5. *Full Name of Mother,* Jennie Deputy
6. *Mother's Maiden Name,* Leipsitz
7. *Mother's Birthplace,* Russia Russia
8. *Full Name of Father,* Oscar Deputy
9. *Father's Occupation,* Expressman
10. *Father's Birthplace,* Russia Russia

Name of Medical Attendant, or other person who makes this Return, Jethro Stawinsky

Address, 1072 E Fordham St

Remarks,

8950003320

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 31st 1895
4. Place of Birth, (Street and Number) Cor. Christon & Smallwood 185
5. Full Name of Mother, Esther Trachtenberg
6. Mother's Maiden Name, " Shmurgess
7. Mother's Birthplace, Austria
8. Full Name of Father, Fisher Trachtenberg
9. Father's Occupation, Business Man
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, F. C. Shaim

Address, 4 S. Exeter St.

Remarks, Name Jacob

8450003321

Each Return of a Birth shall state the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 65674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 31st, 1895
4. *Place of Birth, (Street and Number)* Baltimore Co. 413 Fulton Ave
5. *Full Name of Mother,* Anna Sudkamper
6. *Mother's Maiden Name,* Anna Sudkamper
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Francis Louis
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Lary Kerwin

Address, 417 S. Sharp St. Baltimore Md.

Remarks, Mother and Child doing well

8950003322

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65-675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 31st 1895
4. *Place of Birth, (Street and Number)* 113 Canal Alley
5. *Full Name of Mother,* Louisa Strann
6. *Mother's Maiden Name,* Louisa Strann
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Lucia Johnson

Address, 1024 Park Ave

Remarks,

6 7 5 0 0 0 3 3 2 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65-676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1 Maj
4. Place of Birth, (Street and Number) 919 S. Bond str.
5. Full Name of Mother, Minnie A. Eckert
6. Mother's Maiden Name, Albert
7. Mother's Birthplace, Baltimor
8. Full Name of Father, Emel ~~Eck~~ Eckert
9. Father's Occupation, Fajrman
10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other person who makes this Return, M. Pell

Address, S. Bond str 838

Remarks, 8950003324

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the
shall occur without the attendance of a physician or
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health
any such person or persons who shall hereafter fail
jected to the fine of ten (10) dollars for each offence, to

RETURN OF A BIRTH. 65677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 1 — 1895
4. Place of Birth, (Street and Number) 1002 Eastern Ave.
5. Full Name of Mother, Therese Jula
6. Mother's Maiden Name, Patula
7. Mother's Birthplace, Italia
8. Full Name of Father, Francis Jula
9. Father's Occupation Muzicioner
10. Father's Birthplace, Italia

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address 1427 E. Pratt St.

Remarks, 8950003325

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 6-27-51

RETURN OF A BIRTH. 65678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Eleanor Russell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 1st 1895

4. Place of Birth, (Street and Number) Maryland Lying-in Hosp

5. Full Name of Mother, Agnes J. Russell

6. Mother's Maiden Name, Agnes J. Beck

7. Mother's Birthplace, Maryland

8. Full Name of Father, Wm C. Russell

9. Father's Occupation, Painter

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, C. Frank Crouch

Address, Eager & Wilcox St

Remarks,

8750003326

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child. Sebastian ~~Carl~~ Tuerk

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth. May 1 / 95
4. Place of Birth, (Street and Number) 2522 Canton Ave.
5. Full Name of Mother, Maggie ~~Dark~~ Tuerk
6. Mother's Maiden Name, " Richter
7. Mother's Birthplace, Germany
8. Full Name of Father, John ~~Dark~~ Tuerk
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8950003327

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

practitioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
r practitioner of midwifery, or should no other person be in
er it shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
l to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 1st 95
4. *Place of Birth, (Street and Number)* Maryland Lying in Hosp
5. *Full Name of Mother,* Mollie Suit
6. *Mother's Maiden Name,* unknown
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* unknown - (Wm Suit?)
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Irland

Name of Medical Attendant, or other person who makes this Return, J. W Brown

Address, Maryland Lying in Hosp

Remarks,

8 9 5 0 0 0 3 3 2 8

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* May 1 1895
4. *Place of Birth, (Street and Number)* Balto 1383 Whatcoat st
5. *Full Name of Mother,* Delia Rollins
6. *Mother's Maiden Name,* Delia grant
7. *Mother's Birthplace,* Colbert Co
8. *Full Name of Father,* Benjaman Rollins
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Colbert Co

Name of Medical Attendant, or other person who makes this Return, Sarah Rollins

Address, 1615 Vincent ave

Remarks,

8 9 5 0 0 0 3 3 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65-652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 May
4. *Place of Birth, (Street and Number)* S. Broadway 804
5. *Full Name of Mother,* Amalia Kuehne
6. *Mother's Maiden Name,* Sternagel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fread Kuehne
9. *Father's Occupation,* furnace Store
10. *Father's Birthplace,* Hesse

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8950003330

Wm J C. Dulany Co., City Printers and Stationers.

the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the

RETURN OF A BIRTH. 65683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race)
3. Date of Birth, 2 ten Mai 1895.
4. Place of Birth, (Street and Number) 2932 Gunbrie street.
5. Full Name of Mother, Rosa Lackt.
6. Mother's Maiden Name, Astrofska.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Frans Lackt
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Rob T. Leitsmann

Address, 1225 Hare street

Remarks, 8950003331

Wm. J. C. Dulany Co., City Printers and Stationers.

...son of its parents, the date and place of birth; and the ...with Section shall be delivered, duly signed by the practitioner ...titioner in the form of a certificate between the first and ...Commissioner of Health. In case the birth of any child ...actioner of midwifery, or should no other person be in ...shall become the duty of the person or parents of such ...in the manner and within the period above required, and ...comply with the provisions of this section shall be sub- ...recovered as other fines and forfeitures are recoverable.

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 2/95
4. *Place of Birth, (Street and Number)* 120 N. Bradford Str.
5. *Full Name of Mother,* Kathie Ward
6. *Mother's Maiden Name,* " Griele
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William Ward
9. *Father's Occupation* Laberer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8950003332

Wm. J. C. Dulany Co., City Printers and Stationers.

the practitioner in the form of a certificate between the first and
office of the Commissioner of Health. In case the birth of any child
sician or practioner of midwifery, or should no other person be in
hereafter it shall become the duty of the person or parents of such
f Health, in the manner and within the period above required, and
fail to comply with the provisions of this section shall be sub-
fence, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of
shall occur without the attendance of a physician o
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Healt
any such person or persons who shall hereafter fail to
jected to the fine of ten (10) dollars for each offence, t

RETURN OF A BIRTH. 65685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3rd May.
4. *Place of Birth, (Street and Number)* 1945 Ridgewood St.
5. *Full Name of Mother,* Dorsie Meyer.
6. *Mother's Maiden Name,* Dorsie Meyer
7. *Mother's Birthplace,* Pittsburg Beaver Co. Penn
8. *Full Name of Father,* Gustav Meyer.
9. *Father's Occupation* Butcher.
10. *Father's Birthplace,* Hattingen Germany

Name of Medical Attendant, or other person who makes this Return,

Address, Mare Maria A. Stephens

Remarks, 731 Courtland St

8 9 5 0 0 0 3 3 3 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* on May the 3 18-98
4. *Place of Birth, (Street and Number)* 19 Eutaw st abt 18-34
5. *Full Name of Mother,* Sofeny Raser
6. *Mother's Maiden Name,* Sofeny Peters
7. *Mother's Birthplace,* germany
8. *Full Name of Father,* Ferdinand Raser
9. *Father's Occupation* Locksmith
10. *Father's Birthplace,* germany

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelly

Address, 19-22 Eutaw pl

Remarks,

8950003334

Wm. J. C. Dulany Co., City Printers and Stationers.

The practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 3, 95
4. *Place of Birth, (Street and Number)* Howard Street
5. *Full Name of Mother,* Minnie Thiele
6. *Mother's Maiden Name,* " Hollinger
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Fred Thiele
9. *Father's Occupation* Gold Smith
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1625 Baker St

Remarks,

, 8 9 5 0 0 0 3 3 3 5

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

over

RETURN OF A BIRTH. 65688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John William Isaac

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 4 1895
4. *Place of Birth, (Street and Number)* 1621 E. Pratt St.
5. *Full Name of Mother,* Lillie (Isaac) Isaac
6. *Mother's Maiden Name,* Levart
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* John (Isaac) Isaac
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8950003336

Wm. J. C. Dulany Co,. City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 14 1895
4. *Place of Birth, (Street and Number)* No 1804 Mc Elderry
5. *Full Name of Mother,* Anna Marden
6. *Mother's Maiden Name,* Anna Cuhn
7. *Mother's Birthplace,* Rowland ville
8. *Full Name of Father,* george W marden
9. *Father's Occupation* manager of the american district telegraph
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs B Talley

Address, No 1922 Wilkins Ave

Remarks,

8950003337

Wm. J. C. Dulany Co., City Printers and Stationers

The Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 4.
4. *Place of Birth, (Street and Number)* 810 N. Howard St
5. *Full Name of Mother,* Mrs Carey
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm J. Carey
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. B. B. Browne M.D.

Address, 1215 Madison Ave

Remarks,

· 8950003338

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Of color
3. *Date of Birth,* May 5, 1895
4. *Place of Birth, (Street and Number)* 1412 Druid Hill Ave
5. *Full Name of Mother,* Lelah G. Donohoe.
6. *Mother's Maiden Name,* Lelah G. Drane.
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* James M. Donohoe.
9. *Father's Occupation,* Fertilizers.
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke, M.D.

Address, 914 St. Charles St

Remarks,

8 Y 5 0 0 0 3 3 3 9

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third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 January 1895
4. *Place of Birth, (Street and Number)* 9 Albemarle St
5. *Full Name of Mother,* Dora Herman
6. *Mother's Maiden Name,* Snider
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Israel Herman
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 42 Albemarle St

Remarks,

8950003340

Wm J C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Of Color
3. *Date of Birth,* 6 May 1895
4. *Place of Birth, (Street and Number)* 710 E. Fayette St
5. *Full Name of Mother,* Bessie Gold
6. *Mother's Maiden Name,* Cook
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Joe Gold
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 710 Aisquith St

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

5950003341

This Return must be made every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 6 '95
4. *Place of Birth, (Street and Number)* 125 W. Centre St Ave
5. *Full Name of Mother,* Annie G. Blume
6. *Mother's Maiden Name,* " Kinig
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Henry A. Blume
9. *Father's Occupation* Woodworker
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Myers

Address, 1605 Walbert St

Remarks,

8950003342

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 6 — 1895
4. *Place of Birth, (Street and Number)* 255 S. Dallas St.
5. *Full Name of Mother,* Elisabeth Sturla
6. *Mother's Maiden Name,* Royal
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Lawrence Sturla
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* New Orleans

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address 1427 E Pratt St.

Remarks, 8750003343

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6 May
4. *Place of Birth, (Street and Number)* 1212 McElderry St
5. *Full Name of Mother,* Lina Warchafsky
6. *Mother's Maiden Name,* Schimeck
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Abraham Warchafsky
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mrs R Helig

Address, 902 E Lexington St

Remarks,

8950003344

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex, (state whether male or female)* Girl

2. *Race or Color, (if not of the white race)* Color

3. *Date of Birth,* 6 May

4. *Place of Birth, (Street and Number)* Saint Isabel st 1627

5. *Full Name of Mother,* Lilli Digiz

6. *Mother's Maiden Name,* Lilli Mitchaus

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* Isabel Di Digiz

9. *Father's Occupation* Hucster

10. *Father's Birthplace,* Annare Sandi

Name of Medical Attendant, or other person who makes this Return. Luise Svatora

Address, 910 Durham st

Remarks,

0 9 5 0 0 0 3 3 4 5

Wm. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 May
4. *Place of Birth, (Street and Number)* Eastern Ave. 1631
5. *Full Name of Mother,* Ellie Falesky
6. *Mother's Maiden Name,* Parsick
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* Tomas Falesky
9. *Father's Occupation,* workman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, J. H. Prell.

Address, S. Bond str 838

Remarks, 8950003346

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 6.
4. *Place of Birth, (Street and Number)*	14 E. West St
5. *Full Name of Mother,*	Annie Dressell
6. *Mother's Maiden Name,*	Welsh
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	John Dressell
9. *Father's Occupation*	Glass blower
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return,	L. C. Bruch M.D
Address,	571 Hanover st
Remarks,	

8 7 5 0 0 0 3 3 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 May
4. Place of Birth, (Street and Number) Register st 702
5. Full Name of Mother, Franciszka Hardka
6. Mother's Maiden Name, Tamborski
7. Mother's Birthplace, Pole
8. Full Name of Father, Stanislav Hardka
9. Father's Occupation, workman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Marie Pull

Address, 1 Bond St. 838

Remarks,

8950003348

Wm J C. Dulany Co., City Printers and Stationers.

...of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 May 1895
4. *Place of Birth, (Street and Number)* 631 Dover St
5. *Full Name of Mother,* Lotta Circus
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Sam Circus
9. *Father's Occupation,* Wood turner
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Silverman

Address, 72 Albemarle St

Remarks,

1 8 7 5 0 0 0 3 3 4 9

Wm J C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 8th 95
4. Place of Birth, (Street and Number) 431 N. Eutaw –
5. Full Name of Mother, Sarah Williams
6. Mother's Maiden Name, Sarah Harrington
7. Mother's Birthplace, Memphis. Tenn.
8. Full Name of Father, Fred. K Williams
9. Father's Occupation, News agent
10. Father's Birthplace, Providence R I.

Name of Medical Attendant, or other person who makes this Return. J. H Keown M.D.

Address, Maryland Lying in Hosp.

Remarks,

8 9 5 0 0 0 3 3 5 0

Wm J C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-10-19

RETURN OF A BIRTH. 65303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mamie Bell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 9 May - 1895
4. *Place of Birth, (Street and Number)* 29 N. Caroline St
5. *Full Name of Mother,* Maggie Bell
6. *Mother's Maiden Name,* " " Schmidt
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm Bell
9. *Father's Occupation* Moulder
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R Illig

Address, 302 E Lexington St

Remarks, 8750003351

Wm. J. C. Dulany Co., City Printers and Stationers.

son of its parents, the date and place of birth; and the name and occupation of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 15704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 9 May
4. *Place of Birth, (Street and Number)* 1626 E Lexington St
5. *Full Name of Mother,* Louise Homburg
6. *Mother's Maiden Name,* Winkler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Homburg
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs R Uhlig

Address, 1302 E Lexington St

Remarks,

8950003352

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN MARRIAGE ABSTRACT 5-4-56 6703

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Agatha ~~Scally~~ Scally ud

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	May 10/95
4. Place of Birth, (Street and Number)	N.W. Cor. Bals. St. & Montford Ave.
5. Full Name of Mother,	Lily Sanner Scally
6. Mother's Maiden Name,	Lily Sanner
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	N. Emmett Scally
9. Father's Occupation,	Attorney at Law
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	J. H. Scally M.D.
Address,	1807 Fayette St.
Remarks,	

8950003353

shall occur without the attendance of a physician or midwife, the person in charge of the house at the time of the birth shall report the fact and attendance upon the mother, immediately thereafter, to the Commissioner of Health. In case the birth of any child child to report its birth to the Commissioner of Health, or should no other person be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 65706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 11th 1895
4. *Place of Birth, (Street and Number)* 803 Eugene st
5. *Full Name of Mother,* Cecelia Packard
6. *Mother's Maiden Name,* " Mueller
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Michael Packard
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. H. H. Schwatka M.D.

Address, 2429 Fait Av

Remarks,

8950003354

WM. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

...by the practitioner in the case, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-5-57

RETURN OF A BIRTH. 65707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Michael Eppstberger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 11 1895
4. Place of Birth, (Street and Number) 127 N Paca st
5. Full Name of Mother, Annie Eppstberger
6. Mother's Maiden Name, Dean
7. Mother's Birthplace, City
8. Full Name of Father, Geo Eppstberger
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, J C Bench M D

Address, 511 Hanover

Remarks,

0750003355

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 12 May
4. *Place of Birth, (Street and Number)* 313 S Mo Eldery St
5. *Full Name of Mother,* Mary Wyhrbahn
6. *Mother's Maiden Name,* J Channing
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Geo Wyhrbahn
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R Ulbig

Address, 1802 E Lafayette

Remarks,

8750003356

Wm. J. C. Dulany Co., City Printers and Stationers.

...day of each and every month to the office of the Commissioner of Health, a certificate in the form of a certificate between the first and ... shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in charge of its parents, the date and place of birth; and the
third day of each and every month to the office of the Commissioner in the form of a certificate between the first and
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 13 95

4. *Place of Birth, (Street and Number)* 208 E. Chase st

5. *Full Name of Mother,* Gussie McKindless

6. *Mother's Maiden Name,* Huff

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,* J. McKindless

9. *Father's Occupation* Painter

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, J W Robinson

Address, 726 E. Preston st

Remarks, 8950003357

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 11th 1895
4. Place of Birth, (Street and Number) 316 N. Front St
5. Full Name of Mother, Rachel Steinberg
6. Mother's Maiden Name, Rachel Silverman
7. Mother's Birthplace, Kovne Russia
8. Full Name of Father, Lewis Silverman
9. Father's Occupation Slipper maker
10. Father's Birthplace, Kovne Russia

Name of Medical Attendant, or other person who makes this Return, Eva Kohn Midwife

Address, 233 Harrison St

Remarks, Baby and mother is alright

1895 0003358

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall pay a fine of ten dollars to the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 May 1895
4. Place of Birth, (Street and Number) 61 Wolff str. 916
5. Full Name of Mother, Marie Knach
6. Mother's Maiden Name, Gurajeosky
7. Mother's Birthplace, Pole
8. Full Name of Father, Egnac Knach
9. Father's Occupation, workman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mari Dell

Address, S. Bond str 838

Remarks, 8750003359

Wm J C. Dulany Co., City Printers and Stationers.

Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 16th 1895.
4. *Place of Birth, (Street and Number)* 2017 N. Calvert.
5. *Full Name of Mother,* Mrs. Clarence J. Thomson.
6. *Mother's Maiden Name,* Miss J. B. Miller.
7. *Mother's Birthplace,* Baltimore Co.
8. *Full Name of Father,* Clarence J. Thomson.
9. *Father's Occupation,* Salesman.
10. *Father's Birthplace,* Bloomsburg York State.

Name of Medical Attendant, or other person who makes this Return. J. P. Bamard

Address,

Remarks,

8 7 5 0 0 0 3 3 6 0

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 65713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st & 2nd (Twins)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 16th 1895
4. *Place of Birth, (Street and Number)* 615 Lyeme St
5. *Full Name of Mother,* Gertrude Gray Creeks
6. *Mother's Maiden Name,* " " Saunders
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Orion Creeks
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. H. H. Schwatka M D

Address, 2425 Fait Av

Remarks,

· 8 9 5 0 0 0 3 3 6 1

Said Return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

of the Commissioner of Health. In case the birth of any child
n or practioner of midwifery, or should no other person be in
fter it shall become the duty of the person or parents of such
ealth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
e, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 17
4. *Place of Birth, (Street and Number)* 1249 William st
5. *Full Name of Mother,* Annie Marcus
6. *Mother's Maiden Name,* " O'Mahn
7. *Mother's Birthplace,* Philadelphia
8. *Full Name of Father,* Ernest H Marcus
9. *Father's Occupation* Mason - Cutter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, J C Burch M D

Address, 571 S Arlington st

Remarks,

0750003362

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 65715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18 May
4. *Place of Birth, (Street and Number)* 1261 E Lexington St
5. *Full Name of Mother,* Lizzie Mullen
6. *Mother's Maiden Name,* Lizzie McCullen
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Bernard Mullen
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. Dr. Hoey

Address, 802 E Lexington

Remarks,

8950003363

said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65 716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 19 1895
4. *Place of Birth, (Street and Number)* Bradford st 623
5. *Full Name of Mother,* Mary Enhart
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Isidor Enhart
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm Keith

Address, Washington st 205

Remarks,

0750003364

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, physician or other person who shall attend upon any birth, shall, within the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 19 1895
4. *Place of Birth, (Street and Number)* Druid alley 217
5. *Full Name of Mother,* Mary Komen
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohaimer
8. *Full Name of Father,* Joseph Komen
9. *Father's Occupation* Bohamer
10. *Father's Birthplace,* Lobo

Name of Medical Attendant, or other person who makes this Return. Mary Lapsley

Address, D Washington st 205

Remarks, 8950003365

Wm. J. C. Dulany Co., City Printers and Stationers.

65718

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d (Twins)

1. *Sex, (state whether male or female)* Males.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 19th 1895
4. *Place of Birth, (Street and Number)* 1617 W. Lanvale St.
5. *Full Name of Mother,* Sophia Ferrideni
6. *Mother's Maiden Name,* Sophia Mossinayer
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Cipriania Ferrideni
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. James Bacon M.D.

Address, 523 Moffet St.

Remarks,

5750003366

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

practitioner in the case, the date and place of birth; and the
third day of each and every month to the office of the
of the Commissioner of Health. In case the first and
shall occur without the attendance of a physician or pra
or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 20 May
4. *Place of Birth, (Street and Number)* 2015 Lady St
5. *Full Name of Mother,* Sadie Locks
6. *Mother's Maiden Name,* " Kellner
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Louis Locks
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mrs R Ulrey

Address, 302 Washington Ave

Remarks, 8950003367

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 21 1895
4. *Place of Birth, (Street and Number* Fayette st 2420
5. *Full Name of Mother,* Mallie Meany
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Garrett
8. *Full Name of Father,* Frank Meany
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Garrett

Name of Medical Attendant, or other person who makes this Return, Mary Staples

Address, N Washington st 205

Remarks,

1895 0003368

Wm. J. C. Dulany Co., City Printers and Stationers.

...ner in the form of a certificate between the first and ... missioner of Health. In case the birth of any child ... ner of midwifery, or should no other person be in ... become the duty of the person or parents of such ... manner and within the period above required, and ... with the provisions of this section shall be sub- ... vered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 23 1895
4. *Place of Birth, (Street and Number)* Luzerne st 822
5. *Full Name of Mother,* Annie Kapsnee
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Kapsnee
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary McCabe

Address, 822 Washington st

Remarks,

8750003369

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CITEN NAME ADDED 3-9-55

RETURN OF A BIRTH. 65722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Gertrude

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 May 1895
4. *Place of Birth, (Street and Number)* 1912 Hornor St
5. *Full Name of Mother,* Emma Getz
6. *Mother's Maiden Name,* Emma Smit
7. *Mother's Birthplace,* Germani
8. *Full Name of Father,* Jakob Getz
9. *Father's Occupation* Glas worker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Luise Listera

Address, 110 Durham St

Remarks,

' 8 9 5 0 0 0 3 3 7 0

Wm. J. C. Dulany Co., City Printers and Stationers.

the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the C shall occur without the attendance of a physician or pra or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it s child to report its birth to the Commissioner of Health, in any such person or persons who shall hereafter fail to com jected to the fine of ten (10) dollars for each offence, to be

the practitioner in the form of a certificate between the first and
ce of the Commissioner of Health. In case the birth of any child
ian or practioner of midwifery, or should no other person be in
reafter it shall become the duty of the person or parents of such
Health, in the manner and within the period above required, and
fail to comply with the provisions of this section shall be sub-
nce, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the
shall occur without the attendance of a physician or
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health
any such person or persons who shall hereafter fail to
jected to the fine of ten (10) dollars for each offence, to

RETURN OF A BIRTH. 65723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boj
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 Maj 1895
4. *Place of Birth, (Street and Number)* 1611 Barner st
5. *Full Name of Mother,* Franzi Benes
6. *Mother's Maiden Name,* Franzi Stransky
7. *Mother's Birthplace,* Bohimen
8. *Full Name of Father,* Jakob Benes
9. *Father's Occupation* —
10. *Father's Birthplace,* Bohimen

Name of Medical Attendant, or other person who makes this Return. Luise Fiatora

Address, 1010 Durham st

Remarks,

· 8 7 5 0 0 3 3 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* wht
3. *Date of Birth,* May 26 1895
4. *Place of Birth, (Street and Number)* 309 Presbman
5. *Full Name of Mother,* Cora G Snyder
6. *Mother's Maiden Name,* " " Ozier
7. *Mother's Birthplace,* California
8. *Full Name of Father,* J. Ozier Snyder
9. *Father's Occupation* Lumber merchant
10. *Father's Birthplace,* md.

Name of Medical Attendant, or other person who makes this Return, G Lane Tanyhill

Address, 1103 Madison

Remarks, Chloroform and instruments

8 Y 5 0 0 0 3 3 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 26 May 1895
4. *Place of Birth, (Street and Number)* 1412 Orleans St
5. *Full Name of Mother,* Maggie Maloney
6. *Mother's Maiden Name,* J McGinnis
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Robert Maloney
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R Ulrich

Address, 1382 E Lexington

Remarks,

6 7 5 0 0 0 3 3 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

the practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
n or practioner of midwifery, or should no other person be in
after it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
ce, to be recovered as other fines and forfeitures are recoverable.
third day of each and every month to the office of the
shall occur without the attendance of a physician or
attendance upon the mother, immediately thereafter it
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to c
jected to the fine of ten (10) dollars for each offence, to be

CERTIFICATE CORRECTED 2-24-60

RETURN OF A BIRTH. 65726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Blanche Raitzyk

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27 May 1895
4. *Place of Birth, (Street and Number)* 1510 Gough St
5. *Full Name of Mother,* Pauline ~~Raitzyk~~ Raitzyk
6. *Mother's Maiden Name,* " Katz
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Meyer ~~Raitzyk~~ Raitzyk
9. *Father's Occupation* Saloon
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, M. R. Ullrich

Address, 1902 E Lexington

Remarks, 6750003374

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W. Sister
3. *Date of Birth,* May 6 - 95
4. *Place of Birth, (Street and Number)* 1631 Ashland ave
5. *Full Name of Mother,* Cleora M. Fousnet
6. *Mother's Maiden Name,* " " Rudolph.
7. *Mother's Birthplace,* Phila Pa
8. *Full Name of Father,* Jno L. Fousnet.
9. *Father's Occupation* Box Agent.
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. W B Kerry MD

Address, 700 E. Chase St.

Remarks,

8950003375

Wm. J. C. Dulany Co., City Printers and Stationers.

ince of the Commissioner of Health. In case the birth of any child
sician or practioner of midwifery, or should no other person be in
hereafter it shall become the duty of the person or parents of such
of Health, in the manner and within the period above required, and
fail to comply with the provisions of this section shall be sub-
fence, to be recovered as other fines and forfeitures are recoverable.

of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 9 95
4. *Place of Birth, (Street and Number)* 1106 Lemmet Place
5. *Full Name of Mother,* Clara J. Waters
6. *Mother's Maiden Name,* " J. Burton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo E. Waters
9. *Father's Occupation* Lumber Merchant
10. *Father's Birthplace,* Montgomery Co Md

Name of Medical Attendant, or other person who makes this Return, W B Perry MD

Address, 700 E. Lanvale St

Remarks,

8950003376

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 16 95
4. *Place of Birth, (Street and Number)* 692 Light St Baltimore
5. *Full Name of Mother,* Margaret McCann
6. *Mother's Maiden Name,* Margaret Welsh
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* John F. McCann
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Ann Taylor 41 Guilford alley

Remarks,

8 7 5 0 0 0 3 3 7 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the

RETURN OF A BIRTH. 65730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1909 Eutaw St. May 16 95
4. *Place of Birth, (Street and Number)* " "
5. *Full Name of Mother,* Rhoda C. Roach
6. *Mother's Maiden Name,* " " Cargill
7. *Mother's Birthplace,* Queen Anne Co Md
8. *Full Name of Father,* Ino F. Roach
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Talbot Co Md

Name of Medical Attendant, or other person who makes this Return, W B Perry M D

Address, 901 E Lexington St

Remarks,

8750003378

Wm. J. C. Dulany Co., City Printers and Stationers.

...thin day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...Commissioner of midwifery, or should no other person be in ...practioner of midwifery, of the person or parents of such ...shall become the duty, immediately thereafter it shall be ...the manner and within the period above required, and ...mply with the provisions of this section shall be sub- ...recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* May 18th 1895.
4. *Place of Birth, (Street and Number)* 424 N. Gilmore.
5. *Full Name of Mother,* Alice M. Wilson.
6. *Mother's Maiden Name,* " " Wilkerson.
7. *Mother's Birthplace,* New York City.
8. *Full Name of Father,* John L. Wilson.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Sarah E. Dick

Address, 612 Collett St.

Remarks,

0 9 5 0 0 0 3 3 7 9

...practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 24th 1895
4. *Place of Birth, (Street and Number)* 1313 Whitecoat Street. Balto
5. *Full Name of Mother,* Rosie E. Lucas
6. *Mother's Maiden Name,* Rosie E. Ross
7. *Mother's Birthplace,* Calvert County, Md.
8. *Full Name of Father,* Arthur Cary Lucas
9. *Father's Occupation* Railroad Man
10. *Father's Birthplace,* Buckingham County, Va.

Name of Medical Attendant, or other person who makes this Return, Mrs Sarah Rollins

Address, 1610 Vincent Street Baltimore

Remarks,

· 6 7 5 0 0 0 3 3 8 0

Wm. J. C. Dulany Co., City Printers and Stationers

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 26. 96
4. *Place of Birth, (Street and Number)*	926 N. Exeter St
5. *Full Name of Mother,*	Ella Benfort
6. *Mother's Maiden Name,*	Ella Gipson
7. *Mother's Birthplace,*	Balto Md.
8. *Full Name of Father,*	Joseph Benfort
9. *Father's Occupation,*	
10. *Father's Birthplace,*	Balto Md.
Name of Medical Attendant, or other person who makes this Return.	E. L. Peterson M. D.
Address,	1053 N. Broadway
Remarks,	

8 9 5 0 0 0 3 3 8 1

Wm J C. Dulany Co., City Printers and Stationers.

65-734

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, May 26th 1895
4. Place of Birth, (Street and Number) # 25 Hughes St
5. Full Name of Mother, Ella Osborn
6. Mother's Maiden Name, Ella Brown
7. Mother's Birthplace, Balto Md
8. Full Name of Father, William Osborn
9. Father's Occupation Hack Driver
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Margeth Spragg

Address, # 127 Winter St Balto Md

Remarks, 8950003382

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65-735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Cololord
3. *Date of Birth,* May 25 · 1895-
4. *Place of Birth, (Street and Number)* Balto City 1522 Bruce Street-
5. *Full Name of Mother,* Elizabeth Hall
6. *Mother's Maiden Name,* Elizabeth Adams
7. *Mother's Birthplace,* Calvert County
8. *Full Name of Father,* Charles Hall
9. *Father's Occupation* in Store grocery
10. *Father's Birthplace,* Calvert County

Name of Medical Attendant, or other person who makes this Return, Mrs Sarah Rawlings

Address, 1610 Vincent alley

Remarks,

· 8 9 5 0 0 0 3 3 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 65-736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 28, '95.
4. *Place of Birth (Street and Number),* 143 S. E. Fayette St.
5. *Full Name of Mother,* Mary Hornger
6. *Mother's Maiden Name,* Mary Campbell
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Nathan Hornger
9. *Father's Occupation,*
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Gillen L. Farmer

Address, 613 Park Ave.

Remarks,

B 1500033384

...e Publishing Co., City Printers and Stationers

...ner of Health. In case the birth of any child shall occur without ...ldwifery, or should no other person be in attendance upon the ...e duty of the person or parents of such child to report its birth to ...thin the period above required, and any such person or persons ...one of this section shall be subjected to the fine of ten (10) dollars ...l forfeitures are recoverable.

RETURN OF A BIRTH. 65-937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 22. 1895
4. *Place of Birth, (Street and Number)* Guilford alley
5. *Full Name of Mother,* Margaret Burk
6. *Mother's Maiden Name,* Margret Shay
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Peter Burke
9. *Father's Occupation* Horse Shoer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Taylor

Address, 41 Guilford alley

Remarks,

8950003385

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* ~~Mary~~ White
3. *Date of Birth,* May 24th 95
4. *Place of Birth, (Street and Number)* 1607 Hillcrest St.
5. *Full Name of Mother,* Mary A. Durkan.
6. *Mother's Maiden Name,* " " Clancy.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jno. P. Durkan
9. *Father's Occupation* Electrician
10. *Father's Birthplace,* Howard Co Md

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address,

Remarks,

8 7 5 0 0 0 3 3 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Every day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 29th 1895.
4. *Place of Birth, (Street and Number)* 524 Penna. Ave.
5. *Full Name of Mother,* May Bockstein.
6. *Mother's Maiden Name,* " Dauber.
7. *Mother's Birthplace,* Frankfort Germany.
8. *Full Name of Father,* Wm. Thos. Bockstein.
9. *Father's Occupation* Shoemaker.
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Sarah E. Fet

Address, 612 Collett St.

Remarks,

8 9 5 0 0 0 3 3 8 7

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 30 may 1895

4. Place of Birth, (Street and Number) 653 Light st

5. Full Name of Mother, Emma V Warfield

6. Mother's Maiden Name, Emma V Brewer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John A Warfield

9. Father's Occupation tailor Cutter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Taylor

Address, 71 Guilford Ave

Remarks, 1895 U 0 0 3 3 8 8

third day of each and every month to the office of the Commissioner in the form of a certificate between the first and
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

65-741

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	male Harry Alexander Biggs
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 30th 1895
4. *Place of Birth, (Street and Number)*	507 Lord st
5. *Full Name of Mother,*	Virginia Griffin Muse
6. *Mother's Maiden Name,*	" Virginia
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	William Griffin
9. *Father's Occupation*	Waiter
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	J Harvey Hill md
Address,	827 N Carrington Ave
Remarks,	By father when obtaining transcript 9-18-33
	William Griffin 2733 Mother

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 65-742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 31 1875
4. *Place of Birth, (Street and Number)* 537 Columbia Ave
5. *Full Name of Mother,* Emma Alt
6. *Mother's Maiden Name,* Emma Schuman
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* George Alt
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, Dr Harvey Gill Md

Address, 507 N. Arlington Ave

Remarks, 8950003390

Wm. J. C. Dulany Co., City Printers and Stationers

...any of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31st March
4. *Place of Birth, (Street and Number)* 2013 Castle St
5. *Full Name of Mother,* Anna Koch
6. *Mother's Maiden Name,* " Underbeich
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Koch
9. *Father's Occupation* Brewer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm Bruns

Address,

Remarks,

6 7 5 0 0 0 3 3 9 1

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

65744

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, 31 May
4. Place of Birth, (Street and Number) Medonough st 804 No
5. Full Name of Mother, Helen b Brown
6. Mother's Maiden Name, Helen b Cooper
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Moltimore Brown
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elibeth Madonney

Address, Bethel st 220

Remarks, 8950003392

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65-745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 25th 1895
4. *Place of Birth, (Street and Number)* 1820 N Dallas st
5. *Full Name of Mother,* Elizabeth B. Rice
6. *Mother's Maiden Name,* " " Brewizes
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lewis D Rice
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Frederick Md

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Foster

Address, 1600 E Lanvale st

Remarks,

8750003393

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 65-746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child was Born

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Born May 29th, 1895

4. *Place of Birth, (Street and Number)* 100 Peach Alley

5. *Full Name of Mother,* Helen Barnett

6. *Mother's Maiden Name,* Helen Chanty

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Samuel Barnett

9. *Father's Occupation* works in Brickyard

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Annie Lu Davis

Address, 9/0 Peach Alley Balto

Remarks,

0 7 5 0 0 0 3 3 9 4

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 24, 1895.
4. *Place of Birth, (Street and Number)* 1414 Eutaw Place.
5. *Full Name of Mother,* Anna Kenly
6. *Mother's Maiden Name,* Anna Lowe - Md
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Howard A. Kelly.

Address, 1406 Eutaw Place.

Remarks,

0750003395

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 65-748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 May 895
4. *Place of Birth, (Street and Number)* 312 E. Baltimore
5. *Full Name of Mother,* Libie Garty
6. *Mother's Maiden Name,* Libie Lee
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Michael Garty
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto MD

Name of Medical Attendant, or other person who makes this Return, E. Lehrman

Address, 42 Albemarle St

Remarks,

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

0 9 5 0 0 0 3 3 9 6

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63-749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12th May, 1895
4. *Place of Birth, (Street and Number)* 16 S. Front St.
5. *Full Name of Mother,* Agnes Frances Koffenberger
6. *Mother's Maiden Name,* " " Bergan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Gus Koffenberger
9. *Father's Occupation,* Stone-cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 72 Albemarle St.

Remarks,

8750003397

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63-750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 27th 1895
4. *Place of Birth, (Street and Number)* 535 Gold st
5. *Full Name of Mother,* Annie Switzer
6. *Mother's Maiden Name,* " Murphy
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William Richard Switzer
9. *Father's Occupation* Tinner
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Jas. E. Gibbons M.D.

Address, 1102 W. Lafayette ave

Remarks,

8750003398

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 22, 1895
4. *Place of Birth, (Street and Number)* 656 Sarah Ann St.
5. *Full Name of Mother,* Remie Dorsey
6. *Mother's Maiden Name,* Remie Dorsey
7. *Mother's Birthplace,* Unknown
8. *Full Name of Father,* "
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, Sue Radcliff M.D acting Resd Phys

Address, 410 West Hoffman Maternité

Remarks,

8 9 5 0 0 0 3 3 9 9

Wm J C. Dulany Co., City Printers and Stationers.

or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Jan 28 1895
4. *Place of Birth, (Street and Number)* 102 Bruce st
5. *Full Name of Mother,* Chalot Johnson
6. *Mother's Maiden Name,* Chalot Robinson
7. *Mother's Birthplace,* Balto Maryland
8. *Full Name of Father,* Barbara Johnson
9. *Father's Occupation* Laboring man
10. *Father's Birthplace,* Calvert Co Md

Name of Medical Attendant, or other person who makes this Return, Mary E Jones

Address, 1121 Druid Hill Ave

Remarks, no Remarks

8950003400

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the
shall occur without the attendance of a physician or pra
attendance upon the mother, immediately thereafter it
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to be
of the Commissioner of Health. In case the birth of any child
or practicuer of midwifery, or should no other person be in
ter it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
l to comply with the provisions of this section shall be sub-
e, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 1st 1895
4. *Place of Birth, (Street and Number)* 229 N. Calvert st.
5. *Full Name of Mother,* Marianna Nadola
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Samuel Nadola
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8950003401

Wm. J. C. Dulany Co., City Printers and Stationers.

FILM
K U SAFETY

RETURN OF A BIRTH. 65754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 1st 1895
4. *Place of Birth, (Street and Number)* 211 S. Eden St
5. *Full Name of Mother,* Pauline Rosenthal
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Louis Rosenthal
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter St

Remarks,

1 8 9 5 0 0 0 3 4 0 2

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 2nd 1895
4. *Place of Birth, (Street and Number)* 215 S. Exeter st.
5. *Full Name of Mother,* Lizzie Dolan
6. *Mother's Maiden Name,* Baltimore
7. *Mother's Birthplace,* Jack Dolan
8. *Full Name of Father,* Fireman
9. *Father's Occupation* Baltimore
10. *Father's Birthplace,* Mrs. C Bernstein

Name of Medical Attendant, or other person who makes this Return, 122 S. Exeter St.

Address,

Remarks, 6750003403

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person or parents of such child become the duty of the person above required, and attendance upon the mother, immediately thereafter it shall be in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65756

CERTIFICATE CORRECTED 12-5-61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Names: LOUIS JACOBSON
RAPHAEL JACOBSON

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) male. Twins
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 14th 1895
4. Place of Birth, (Street and Number) ~~924~~ 8. High st. cor. Pratt
5. Full Name of Mother, Eda ~~Jacobson~~ JACOBSON
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Bernhard ~~Jacobson~~ JACOBSON
9. Father's Occupation, Carpenter
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter st.

Remarks, Raphael Jacobson died September 15, 1895

0 7 5 0 0 3 4 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter fail to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health. It shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 4th 1895
4. *Place of Birth, (Street and Number)* 1319 Calhoun St
5. *Full Name of Mother,* Sarah L. Madden
6. *Mother's Maiden Name,* Sarah L Chapman
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Wm F Madden
9. *Father's Occupation* undertaker
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Daniel Jones

Address, 1337 Whatcoat St

Remarks, 8950003405

Wm. J. C. Dulany Co., City Printers and Stationers.

tioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
ctioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
the manner and within the period above required, and
mply with the provisions of this section shall be sub-
recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 1822 ~~E~~ Hung st May 6th 1895
4. *Place of Birth, (Street and Number)* 1822 E Hung st
5. *Full Name of Mother,* Henrietta Bossell
6. *Mother's Maiden Name,* Henrietta Cooper
7. *Mother's Birthplace,* Fredrick Md.
8. *Full Name of Father,* George Bossell
9. *Father's Occupation* Coal cart driver
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Maria Jones 1837 Whatford st

Address,

Remarks, 8950003406

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 7 May
4. *Place of Birth, (Street and Number)* 1328 Calhoun St
5. *Full Name of Mother,* Dasie Johnson
6. *Mother's Maiden Name,* Dasie Herbert
7. *Mother's Birthplace,* Chestnut Alley
8. *Full Name of Father,* Lawrence Johnson
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return Mrs. Marie Jones

Address, 1337 Whatcoat St

Remarks,

8 7 5 0 0 0 3 4 0 7

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 7th 1895
4. Place of Birth, (Street and Number) 209 S. Eden st
5. Full Name of Mother, Rosa Sklar
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Abraham Sklar
9. Father's Occupation Real Estate Agent
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs L. Bernstein

Address, 122 S. Exeter st.

Remarks,

8 7 5 U 0 0 3 4 0 8

The certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or prac
attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such
ter it, shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
lth, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 9th 1895
4. *Place of Birth, (Street and Number)* 1109 E. Lombard st
5. *Full Name of Mother,* Mary Berman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Joseph Berman
9. *Father's Occupation* Cigar-maker
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter st

Remarks,

0 9 5 0 0 0 3 4 0 9

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 65762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 11th 1895
4. Place of Birth, (Street and Number) 309 N Central Ave
5. Full Name of Mother, Annie M B Degle
6. Mother's Maiden Name, Gallie
7. Mother's Birthplace, Virginia
8. Full Name of Father, Henry Degle
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, S H Selfner M.D.

Address, 1501 E Eager St

Remarks, 8 7 5 0 0 0 3 4 1 0

Wm J C. Dulany Co., City Printers and Stationers.

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Commissioner of Health.

practitioner of midwifery, or should no other person be in

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colord

3. *Date of Birth,* May 13th 1895.

4. *Place of Birth, (Street and Number)* 245 S. Bloom st.

5. *Full Name of Mother,* Frances Elizabeth Blake

6. *Mother's Maiden Name,* Frances Elizabeth Shelton

7. *Mother's Birthplace,* Staunton Va.

8. *Full Name of Father,* George Blake

9. *Father's Occupation* Work at Maryland General Hospital

10. *Father's Birthplace,* West River Md.

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1337 Orleans st.

Remarks,

8950003411

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 16th 95
4. *Place of Birth, (Street and Number)* 1134 N Wheeler St
5. *Full Name of Mother,* Minnie Stilbinger
6. *Mother's Maiden Name,* Vogelsang
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Stilbinger
9. *Father's Occupation,* Brewer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. F. H. Schnur M. D.

Address, 1501 N. Eager St.

Remarks,

8950003412

Wm J C. Dulany Co., City Printers and Stationers.

the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 19th 95
4. Place of Birth, (Street and Number) 1213 N. Bloomery St.
5. Full Name of Mother, Jennie Taylor
6. Mother's Maiden Name, Illig
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Taylor
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, S A Selmer M D

Address, 1501 E. Lager St.

Remarks,

8950003413

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 19, 1895.
4. *Place of Birth, (Street and Number)* 211 N. Madison St.
5. *Full Name of Mother,* Phoebe Elliott Randolph.
6. *Mother's Maiden Name,* Phoebe W. Elliott.
7. *Mother's Birthplace,* Beaufort S. C.
8. *Full Name of Father,* Robert Lo. Randolph.
9. *Father's Occupation,* Physician.
10. *Father's Birthplace,* Fredericksburg Va

Name of Medical Attendant, or other person who makes this Return. Howard A. Kelly.

Address, 1406 Eutaw Place.

Remarks,

8750003414

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 65-767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 1st 1875
4. *Place of Birth, (Street and Number)* 1611 Lorman St
5. *Full Name of Mother,* Ella Beikirch
6. *Mother's Maiden Name,* [illegible] Funk
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Clemens Beikirch
9. *Father's Occupation,* Architect
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm Gambrill M.D.

Address, 837 W. Fayette St

Remarks,

8950003415

Wm. J. C. Dulany Co., City Printers and Stationers.

...missioner of Health. ... the first and ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 7 1895
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* Lizzie Douglas
6. *Mother's Maiden Name,* Jackson
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William F Douglas
9. *Father's Occupation,* Carter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E A Brook

Address, 828 Lydia ave

Remarks, Dang Well

, 8 9 5 0 0 0 3 4 1 6

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-22-56

65-769

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Maya Jarvis 2 Kemp

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth May 5 1895
4. Place of Birth, (Street and Number) Balto Bonaparte Gooday St.
5. Full Name of Mother, Sarah E Kemp
6. Mother's Maiden Name, Quaile Lapt
7. Mother's Birthplace, Russia Poland
8. Full Name of Father, Jno Wesley Kemp
9. Father's Occupation, Shipper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Dicks

Address, Harold Gibson

Remarks, Mother

B 9 5 0 0 0 3 4 1 7

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 65770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 May 1895
4. *Place of Birth, (Street and Number)* 1100 Williams
5. *Full Name of Mother,* Gesa Smith
6. *Mother's Maiden Name,* Cook
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles L Smith
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs E F Brooks

Address, 1838 Light St

Remarks, Dom Well

A 7 5 0 0 0 3 4 1 8

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 May 1895
4. *Place of Birth, (Street and Number)* 521 E Chase St
5. *Full Name of Mother,* Rosy Mary Cooper
6. *Mother's Maiden Name,* Brogan
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Louis H Cross
9. *Father's Occupation,* Carriage Makers
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E A Brooks

Address, 522 Eden St

Remarks, Born Well

8950003419

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65772

GIVEN NAME ADDED. 5-3-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Guy Bertrand Brown

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 8 1962

4. Place of Birth, (Street and Number) 129 Randall St

5. Full Name of Mother, Ruth E Brown

6. Mother's Maiden Name, Smithson

7. Mother's Birthplace, Penn Randall Co

8. Full Name of Father, Wm J Brown

9. Father's Occupation, Coffee Roaster

10. Father's Birthplace, Penn Randall Co

Name of Medical Attendant, or other person who makes this Return. Mrs E M Brooks

Address, 328 Light St

Remarks, Doing Well

8 9 5 0 0 0 3 4 2 0

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	M
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	May 10th 1895
4. *Place of Birth, (Street and Number)*	1548 Penna av
5. *Full Name of Mother,*	Carol Buesche
6. *Mother's Maiden Name,*	Pope
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Gustav Buesche
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	R. Wiesler
Address,	900 Mt Royal Terrace
Remarks,	

1895 00 003421

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...the practitioner in the form of a certificate between the first and ...of the Commissioner of Health. In case the birth of any child ...an or practitioner of midwifery, or should no other person be in ...after it shall become the duty of the person or parents of such ...ealth, in the manner and within the period above required, and ...fail to comply with the provisions of this section shall be sub... ...e, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65774

GIVEN NAME ADDED 7/10/61

To the Office of Registrar of ~~Vital~~ Statistics, ~~Board of~~ Health, Baltimore City.

Name: John J. Fahey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Calula

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 4 1895
4. *Place of Birth, (Street and Number)* 1253 William
5. *Full Name of Mother,* Sarah A Fahey
6. *Mother's Maiden Name,* Creagan
7. *Mother's Birthplace,* Balt Co Md
8. *Full Name of Father,* John J. Fahey
9. *Father's Occupation,* Undertaker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs L A Brookes

Address, 823 Light

Remarks, Long Well

6 7 5 0 0 0 3 4 2 2

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

by the practitioner in the form of a certificate between the first and the
office of the Commissioner of Health. In case the birth of any child
sician, or practioner of midwifery, or should no other person be in
hereafter it shall become the duty of the person or parents of such
of Health, in the manner and within the period above required, and
er fail to comply with the provisions of this section shall be sub-
fence, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, any Physician, Midwife or other person who shall have attended upon any birth which shall occur without the attendance of a physician or midwife, shall within ten days after the birth of any child attended upon by him or her, report to the Commissioner of Health the name, sex, color and parentage of such child, and the date and place of its birth, and the name and residence of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 4 May 1895

4. *Place of Birth, (Street and Number)* 316 Marshall Ave

5. *Full Name of Mother,* Mary E. Kindall

6. *Mother's Maiden Name,* Spencer

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Charles W. Kindall

9. *Father's Occupation* Brushmaker

10. *Father's Birthplace,* Strasburg Va

Name of Medical Attendant, or other person who makes this Return, Wm E K Brooks

Address, 502 Eutaw

Remarks, Dr Brooks

8950003423

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 Colored

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* 3 May 1895

4. *Place of Birth, (Street and Number)* 1 Eutaw Place

5. *Full Name of Mother,* Willie Mae Bradley

6. *Mother's Maiden Name,* Jones

7. *Mother's Birthplace,* Delaware Town Md

8. *Full Name of Father,* John R. Bradley

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs E F Brooks

Address, 828 Eutaw Pl

Remarks, Born Well

B 7 5 U 0 0 3 4 2 4

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, 15 May 1893
4. Place of Birth, (Street and Number) 1327 Appleyard
5. Full Name of Mother, Annie F. Saddler
6. Mother's Maiden Name, " Hubbard
7. Mother's Birthplace, St. Mary's Co
8. Full Name of Father, William D. Saddler
9. Father's Occupation, Color Baker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs C L Brookes

Address, 1328 Eagle St

Remarks, Dom Well

8950003425

Wm J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White Boy

3. *Date of Birth,* May 12 1895

4. *Place of Birth, (Street and Number)* 1712 Hanover st

5. *Full Name of Mother,* Eliza Shockley

6. *Mother's Maiden Name,* Lusby

7. *Mother's Birthplace,* Calvert Co

8. *Full Name of Father,* William H Shockley

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E H Brooks

Address, 1828 Light st

Remarks, Dairy Well

8 9 5 0 0 0 3 4 2 6

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, George Henry Clark

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 6 children

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 May 1895
4. *Place of Birth, (Street and Number)* 133 Eden St
5. *Full Name of Mother,* Mary E Clarke
6. *Mother's Maiden Name,* " " Clarke
7. *Mother's Birthplace,* Providence Rhode Island
8. *Full Name of Father,* Charles E Clarke
9. *Father's Occupation,* Boiler Maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E P Brooks

Address, 822 Eutaw St

Remarks, Long Well

0750003427

Wm J C. Dulany Co., City Printers and Stationers.

the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Sixth

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth* May 20th
4. *Place of Birth*, (*Street and Number*) No 12 Maiden choice Lane
5. *Full Name of Mother*, Mary Elisabeth Wille
6. *Mother's Maiden Name*, Mary Elisabeth Windhaus
7. *Mother's Birthplace*, Carroll. Baltimore Md.
8. *Full Name of Father*, William Henry Wille
9. *Father's Occupation*, florist
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other Person who makes this Return. Elisabeth Wickes

Address, Carroll City

Remarks, Amney

8 9 5 0 0 0 3 4 2 8

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 65781 c

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edith W. McCutcheon

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) ~~Male~~ Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 20th 1895
4. Place of Birth, (Street and Number) 1219 N. Broadway
5. Full Name of Mother, Emma Grace McCutchen
6. Mother's Maiden Name, " " Parker
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Robert L. McCutchen
9. Father's Occupation, Machinist
10. Father's Birthplace, Rochester N. Y.

Name of Medical Attendant, or other person who makes this Return, E. B. Feuby, M.D.

Address, 1219 N. Caroline St.

Remarks, CERTIFICATE CORRECTED 8-7-53

4 m

8 9 5 0 0 0 3 4 2 9

Every birth is required by law to be reported to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 & Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 May 1893

4. Place of Birth, (Street and Number) 456 Fremont St. Talbot

5. Full Name of Mother, Katie [illegible] Reynolds

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, Balto

8. Full Name of Father, William Talbot

9. Father's Occupation, Conductor B&ORR

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E M Brooks

Address, 1823 Eight St

Remarks, Doing Well

8 9 5 0 0 0 3 4 3 0

third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Colored

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 Jan 1895
4. *Place of Birth, (Street and Number)* 1000 Stark St
5. *Full Name of Mother,* Ellen Smith
6. *Mother's Maiden Name,* Russell
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Frank Smith
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E K Brooks

Address, 1825 Lisbon St

Remarks, Comp Well

8750003431

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Black

3. *Date of Birth,* 30 May 1900

4. *Place of Birth, (Street and Number)* 2132 Charles St

5. *Full Name of Mother,* Alice Louden Saturlans

6. *Mother's Maiden Name,* Cumberland

7. *Mother's Birthplace,* Georgia Cadden

8. *Full Name of Father,* Painter

9. *Father's Occupation* Pennsylvania

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mrs E K Broadus

Address, 1823 Eutaw St

Remarks, Camp Meade

0 7 5 0 0 0 3 4 3 2

the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 3-4-60

65785

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Martin Joseph Carey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 31 May 1895

4. Place of Birth, (Street and Number) 331 Hamburg St

5. Full Name of Mother, Mary Ellen Carey

6. Mother's Maiden Name, " " Roach

7. Mother's Birthplace, Balto

8. Full Name of Father, Martin Carey

9. Father's Occupation, Tailor

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr. A. P. Brooks

Address, 838 Eutaw St

Remarks, Living Well

B 4 5 0 0 0 3 4 3 3

Wm J C. Dulany Co., City Printers and Stationers.

Return of each birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 31st 1895
4. *Place of Birth, (Street and Number)* 912 E. Lombard st
5. *Full Name of Mother,* Mary E. Haskell
6. *Mother's Maiden Name,* " " Hamilton
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* George W. Haskell
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M. D.

Address, 1219 N. Caroline st

Remarks,

8 4 5 0 0 0 3 4 3 4

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 2nd 1895
4. *Place of Birth, (Street and Number)* 2563 McCulloh St
5. *Full Name of Mother,* Alice Padgett
6. *Mother's Maiden Name,* Duvall
7. *Mother's Birthplace.* Washington
8. *Full Name of Father,* John Padgett
9. *Father's Occupation,* Car Conductor
10. *Father's Birthplace,* Prince Georges Co Md

Name of Medical Attendant, or other person who makes this Return, Chas E Sadtler MD

Address, 1839 Bolton St

Remarks,

8950003435

Wm J C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* girl
3. *Date of Birth,* 3 Mai
4. *Place of Birth, (Street and Number)* 1612 Riverside
5. *Full Name of Mother,* Barbara Hellmann
6. *Mother's Maiden Name,* = Dittmann Schranges
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* Louis Hallmann
9. *Father's Occupation,* =
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 S. Ann Av.

Remarks,

8 9 5 0 0 0 3 4 3 6

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 65789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 4 May 1875
4. *Place of Birth, (Street and Number)* W Balt. 644
5. *Full Name of Mother,* Wilhelmina Volkman
6. *Mother's Maiden Name,* Wilhelmina Dietzgian
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles F. W. Volkman
9. *Father's Occupation,* Watchmaker
10. *Father's Birthplace,* Schweiz - Germany

Name of Medical Attendant, or other Person who makes this Return. Dr Reinhard

Address, 220 W Madison St

Remarks,

8 9 5 0 0 0 3 4 3 7

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 65790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 5 Mai
4. *Place of Birth, (Street and Number)* 928 Anne st.
5. *Full Name of Mother,* Marie Faulhaber
6. *Mother's Maiden Name,* Hoffenbach
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Andrew Faulhaber
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germ,

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. Central Ave.

Remarks,

0 9 5 0 0 0 3 4 3 8

Wm J C. Dulany Co., City Printers and Stationers.

...birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 6 1905
4. *Place of Birth, (Street and Number)* 1236 North Ave
5. *Full Name of Mother,* Katie Hynes
6. *Mother's Maiden Name,* Gilbert A
7. *Mother's Birthplace,* W. Virginia
8. *Full Name of Father,* Joseph Hynes
9. *Father's Occupation* Trunk Dealer
10. *Father's Birthplace,* Phila.

Name of Medical Attendant, or other person who makes this Return, C. H. Christian M.D.

Address, 1604 Madison Ave

Remarks, 6950003439

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 10th 95.
4. Place of Birth, (Street and Number) 828 Aisquith str.
5. Full Name of Mother, Clara M. Hays
6. Mother's Maiden Name, Clara M. Harvey
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Samuel Hays
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Meyer M. D.

Address, 1019 N. Caroline str.

Remarks,

8950003440

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 24th 95.
4. Place of Birth, (Street and Number) 615 N. Port st.
5. Full Name of Mother, Josephine Seuhs
6. Mother's Maiden Name, Josephine Schmidt
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John Seuhs
9. Father's Occupation, Driver
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Meyer M. D.

Address, 1019 N. Caroline St.

Remarks,

8750003441

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall hereafter take place, shall keep a true and correct
...register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of
...Health. This schedule shall contain a list of the births which have occurred under his or her care during the
...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have
...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
...said schedule shall be delivered, duly signed by the practitioner in charge or superintendance a birth shall
...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 65 794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Males (Twins)
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 24" 1895
4. *Place of Birth, (Street and Number)*	1016 W. Cross Street
5. *Full Name of Mother,*	Lilly Moon
6. *Mother's Maiden Name,*	" Carter
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Richd Henry Moon
9. *Father's Occupation,*	Electrician
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	E. L. Garee
Address,	830 Columbia ave

Remarks, This was not reported last month from an oversight, The indulgence of Dr 3442 requested.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on blank schedules furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the case the birth of any child any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 26th 1895
4. *Place of Birth, (Street and Number)* 765 George St.
5. *Full Name of Mother,* Mary Catherine Gaffney
6. *Mother's Maiden Name,* McGrath
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Gaffney
9. *Father's Occupation* Road Boss
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, C. M. Cook M.D.

Address, 1052 Myrtle ave

Remarks,

8950003443

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 27th 1895
4. *Place of Birth, (Street and Number)*	# 184 W. Hamburg St
5. *Full Name of Mother,*	Annie M. Harrington McNamee
6. *Mother's Maiden Name,*	Balto.
7. *Mother's Birthplace,*	Jas P. Harrington
8. *Full Name of Father,*	Soldier
9. *Father's Occupation,*	Wales
10. *Father's Birthplace,*	R. C. Lee
Name of Medical Attendant, or other person who makes this Return,	Hanover St.
Address,	
Remarks,	8950003444

Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the Commissioner of Health, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 27 Mai
4. Place of Birth, (Street and Number) 944 Thamwood Ave
5. Full Name of Mother, Sallie Klein ✗ Jaechel
6. Mother's Maiden Name, Sallie Klein
7. Mother's Birthplace, Balt.
8. Full Name of Father, Louis Jaechel
9. Father's Occupation, Printer
10. Father's Birthplace, Balt. Anna Walter

Name of Medical Attendant, or other person who makes this Return,

Address, 928 W. Cent Ave.

Remarks,

8950003445

Wm J C. Dulany Co., City Printers and Stationers.

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 1 - 1895
4. Place of Birth, (Street and Number) #603 Jefferson ave Waverly
5. Full Name of Mother, Annie B. Anthony
6. Mother's Maiden Name, " " Kelly
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Albert W. Anthony
9. Father's Occupation Teamster
10. Father's Birthplace, Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M D

Address, #811 Jefferson Ave Waverly.

Remarks, — City —

8 7 5 0 0 0 3 4 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

65800

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Mar 5th 9.35 A.M. 1895
4. *Place of Birth (Street and Number)* 538 S. Collington Ave
5. *Full Name of Mother* Charlotta Lucinda Reichart
6. *Mother's Maiden Name* C. L. Williams
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Frederick Adolph Reichart
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Jas E Donnelly M.D

Address 1701 Balto St East

Remarks

8950003447

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 65801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Mail
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* June the 1 Baltimore md 1895
4. *Place of Birth, (Street and Number)* Stockton, st 15 17
5. *Full Name of Mother,* Mary Workington Payne
6. *Mother's Maiden Name,* X
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* Jaser Grealwood
9. *Father's Occupation,* Worter
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other person who makes this Return, Dr titmond

Address, Mary Burnes Oxford st 524

Remarks, five dollars

8 9 5 0 0 0 3 4 4 8

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 65-802

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child.

1. *Sex (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* 6 June. 1895
4. *Place of Birth, (Street and Number)* 1225 Durst Alley.
5. *Full Name of Mother* Mary A Blimline.
6. *Mother's Maiden Name* Mary A Eisel.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Willian H Blimline.
9. *Father's Occupation* Labr
10. *Father's Birthplace* Baltmre

Name of Medical Attendant, or other Person who makes this Return. Mrs Conway

Address

Remarks

8950003449

RETURN OF A BIRTH. 65803

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	1st of June
4. Place of Birth (Street and Number)	1714 Etting St
5. Full Name of Mother	Georgia Lesbry
6. Mother's Maiden Name	Georgia Simpson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John L Cosley
9. Father's Occupation	Waiter
10. Father's Birthplace	Allegheny City
Name of Medical Attendant, or other Person who makes this Return.	Caroline Battle
Address	1714 Etting St
Remarks	

8 9 5 0 0 0 3 4 5 0

RETURN OF A BIRTH. 65804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 1st 1854
4. *Place of Birth, (Street and Number)* 676 W Fayette st
5. *Full Name of Mother,* Sophia Gould
6. *Mother's Maiden Name,* " Peling
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Horace Willard Gould
9. *Father's Occupation* Carriage Maker
10. *Father's Birthplace,* Niagra City N Y

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 0 9 5 0 0 0 3 4 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

KODAK SAFETY FILM

RETURN OF A BIRTH. 65805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male

1. *Sex, (state whether male or female)* Colored

2. *Race or Color, (if not of the white race)* June 17th 1895

3. *Date of Birth,* No 18 S. Regester St

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,* Mary E Bradford

6. *Mother's Maiden Name,* Mary E Boddy

7. *Mother's Birthplace,* Anasandet Co Md

8. *Full Name of Father,* John E. Bradford

9. *Father's Occupation,* Teamster

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Elizebeth Mondowney

Address,

Remarks,

8 9 5 U 0 0 3 4 5 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

register of such birth, and shall enter the same on a Blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place between the first and third day of each and every month to the office of a certificate between the birth of any child said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, or his or her practitioner of midwifery, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

15806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 6-13-06

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

NAME: JOSEPH ROBINSON SPARROW

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, June 1st 1895
4. *Place of Birth*, (Street and Number) W. Lanvale Street No 1728
5. *Full Name of Mother*, Iva Sparrow
6. *Mother's Maiden Name*, Iva Robinson
7. *Mother's Birthplace*, Townsend Co Delaware
8. *Full Name of Father*, L G Sparrow Jr
9. *Father's Occupation*, Clerk
10. *Father's Birthplace*, Calvert County Md

Name of Medical Attendant, or other Person who makes this Return L G Sparrow M.D

Address, # 1037 N. Fulton Avenue

Remarks,

B 9 5 0 0 0 3 4 5 3

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as may be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

FIET & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 1. 1895
4. *Place of Birth, (Street and Number)*	1218 Park Ave
5. *Full Name of Mother,*	Lizzie Volger
6. *Mother's Maiden Name,*	" Eckbeck
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Ernst Volger
9. *Father's Occupation*	Barber
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	William A. B Sellman
Address,	5 East Biddle St
Remarks,	8950003454

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 1 c 1895
4. *Place of Birth, (Street and Number)* Waverly Balto City
5. *Full Name of Mother,* Susan Jones
6. *Mother's Maiden Name,* Susan Jones
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Johney Jones
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, 108 Talbot St Waverly

Remarks, Ill

' 8 9 5 0 0 0 3 4 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 12th 95
4. *Place of Birth, (Street and Number)* 846 Parkin St.
5. *Full Name of Mother,* Mary O' Brien
6. *Mother's Maiden Name,* Mary Collins
7. *Mother's Birthplace,* Galway Ireland
8. *Full Name of Father,* Patrick O'Brien
9. *Father's Occupation* Soldier
10. *Father's Birthplace,* Galway Ireland

Name of Medical Attendant, or other person who makes this Return, Dr. L. Cattell Ross

Address, 409 E. Population St.

Remarks,

8950003456

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 1st 1895.
4. *Place of Birth, (Street and Number)* 1417 Maryland Ave
5. *Full Name of Mother,* Mary H. Sourin
6. *Mother's Maiden Name,* Mary Dyer
7. *Mother's Birthplace,* Ireland.
8. *Full Name of Father,* Edmund Harrison Sourin
9. *Father's Occupation,* Gripman
10. *Father's Birthplace,* Alabama

Name of Medical Attendant, or other person who makes this Return. Chas. S. Woodruff M.D.

Address, 21 W. Int. Royal ad.

Remarks, 1895 00034577

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

...register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained been conferred) its sex, color, the full name and occupation of its said schedule shall be delivered, duly signed by the practitioner in third day of each and every month to the office of the Commissioner of shall occur without the attendance of a physician or practitioner attendance upon the mother, immediately thereafter it shall become child to report its birth to the Commissioner of Health, in the manner any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

birth shall hereafter take place, shall keep a true and correct
on blank schedule, to be furnished by the Commissioner of
births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
cupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
er it shall become the duty of the person or parents of such
lth, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 15872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Fml
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* June 1 1895
4. *Place of Birth, (Street and Number)* Wasan st 1035
5. *Full Name of Mother,* Mary Baimen
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Amricken
8. *Full Name of Father,* John Baimen
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Amricken

Name of Medical Attendant, or other person who makes this Return, Mary Ingatis

Address, 1 St Washington 205

Remarks,

8950003458

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

65813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 2-1895.
4. *Place of Birth, (Street and Number)* #216 N. Saratoga St.
5. *Full Name of Mother,* Catherine J. Challenger
6. *Mother's Maiden Name,* Catherine Hauffner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry John Challenger
9. *Father's Occupation,* Gilder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return — # 16. 16. Biddle M.D.

Address. 1716 W. Saratoga St.

Remarks,

8 Y 5 0 0 0 3 4 5 9

...ER the same on a blank schedule to be furnished by the Commis-
...ntain a list of the births which have occurred under his or her care
...far as the same can be ascertained, the full name of each child (if
...sex, color, the full name and occupation of its parents, the day and
...shall be delivered, duly signed by the practitioner, in the form of a
...y of each and every month to the Board of Health. In case the
...attendance of a physician, or of a practitioner of midwifery, or
...upon the mother, immediately thereafter, it shall then become the
...d to report its birth to the Board of Health, in the manner, and
...n the cases of the births and deaths of illegitimate children, and
...fail to comply with the provisions of this section shall be subject
...be recovered as other fines and penalties are recoverable.

This schedule shall have been conferred,) its sex, co...
certificate, between the first and third day of ea...
birth of any child shall occur without the attend...
should no other person be in attendance upon the...
duty of the parent or parents of such child to re...
any person or persons who shall hereafter fail to
to a fine of ten dollars for each offence, to be rec...

...FIDLT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 65-814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1. *Sex, (state whether male or female)*	~~June 2d 95~~ Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 2d 95
4. *Place of Birth, (Street and Number)*	1105 Patterson ave
5. *Full Name of Mother,*	Ella Dewoody
6. *Mother's Maiden Name,*	Ella Smith
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thos Dewoody
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo W. Norris M. D
Address,	1301 Presstman
Remarks,	

8 7 5 0 0 0 3 4 6 0

Wm J C. Dulany Co., City Printers and Stationers.

...e births which have occurred under his or her care during the ...n be ascertained the full name of each child, (if any shall have ...occupation of its parents, the date and place of birth; and the ...e practitioner in the form of a certificate between the first and ... the Commissioner of Health. In case the birth of any child ...or practitioner of midwifery, or should no other person be in ...fter it shall become the duty of the person or parents of such ...alth, in the manner and within the period above required, and ...ail to comply with the provisions of this section shall be sub... ..., to be recovered as other fines and forfeitures are recoverable.

...month, and shall set forth as far as the same can be as... ...been conferred) its sex, color, the full name and occupa... ...said schedule shall be delivered, duly signed by the prac... ...third day of each and every month to the office of the Co... ...shall occur without the attendance of a physician or pra... ...attendance upon the mother, immediately thereafter it ... ...child to report its birth to the Commissioner of Health, in... ...any such person or persons who shall hereafter fail to c... ...jected to the fine of ten (10) dollars for each offence, to be...

RETURN OF A BIRTH. 63815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 2nd, 195
4. *Place of Birth, (Street and Number)* No 506 N. Charles Str
5. *Full Name of Mother,* Margaretta D. Smith
6. *Mother's Maiden Name,* Schell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph T. Smith
9. *Father's Occupation* Carmaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Lyons

Address, No 1917 E Monument Str

Remarks,

8950003461

Health. This schedule shall contain a list of the births which h
month, and shall set forth as far as the same can be ascertained
been conferred its sex, color, the full name and occupation of its
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissi
shall occur without the attendance of a physician or practioner o
attendance upon the mother, immediately thereafter it shall bec
child to report its birth to the Commissioner of Health, in the man
any such person or persons who shall hereafter fail to comply wit
jected to the fine of ten (10) dollars for each offence, to be recovere

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 2, 1895.
4. *Place of Birth, (Street and Number)* No. 1238 E. Fayette ave.
5. *Full Name of Mother,* Carrie Lauterbach
6. *Mother's Maiden Name,* Carrie Linnan
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Edward J. Lauterbach
9. *Father's Occupation* Grocer man
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. A. Blewett M.D.

Address, 1731 Harlem ave

Remarks,

8950003462

Wm. J. C. Dulany Co., City Printers and Stationers.

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Section 2. This section shall contain a list of the births which have occurred under his or her care during the

RETURN OF A BIRTH. 65817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 June 95
4. Place of Birth, (Street and Number) Bethel str 706
5. Full Name of Mother, Annie Mohr
6. Mother's Maiden Name, Muller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charly Mohr
9. Father's Occupation, Carbanter
10. Father's Birthplace, germani

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8950003463

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 2nd 1895
4. *Place of Birth, (Street and Number)* 617 Dashiell St
5. *Full Name of Mother,* Lillie Bennett
6. *Mother's Maiden Name,* Lillie Cole
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* George Bennett
9. *Father's Occupation* Stevedore
10. *Father's Birthplace,* Calvert Co. Md

Name of Medical Attendant, or other person who makes this Return, Lucien Johnson

Address, 1127 Dashiell

Remarks,

B 9 5 0 0 0 3 4 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 June Sunday
4. *Place of Birth, (Street and Number)* 218 Harrison street
5. *Full Name of Mother,* Beki Silberman
6. *Mother's Maiden Name,* Beki Wasserstein
7. *Mother's Birthplace,* Pochmogzolk
8. *Full Name of Father,* Simon Silberman
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia Brisk

Name of Medical Attendant, or other person who makes this Return, Mrs Eva Cohen

Address,

Remarks, 233 Harrison st Mother & Child Doing Well

0950003465

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 8/95
4. *Place of Birth, (Street and Number)* 4 High St
5. *Full Name of Mother,* E. Berzoobe
6. *Mother's Maiden Name,* E. Abramowitz
7. *Mother's Birthplace,* Kuve Russ
8. *Full Name of Father,* Ela Berzoobe
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Kuve Russ

Name of Medical Attendant, or other person who makes this Return, Nettie Abramowitz

Address, 1077 E Lombard St

Remarks,

8 9 5 0 0 0 3 4 6 6

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65-831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 June
4. Place of Birth, (Street and Number) Alice Anna str 1628
5. Full Name of Mother, Kamila Thiel
6. Mother's Maiden Name, Subert
7. Mother's Birthplace, Böhmen
8. Full Name of Father, Paul Thiel
9. Father's Occupation, germany
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 8950003467

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child.

1. *Sex, (state whether male or female)* Male child.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* June 2nd 1895.
4. *Place of Birth, (Street and Number)* River st 724.
5. *Full Name of Mother,* Bessie Jones age 23.
6. *Mother's Maiden Name,* Bessie Jones
7. *Mother's Birthplace,* Howard Co. Md.
8. *Full Name of Father,* it un known.
9. *Father's Occupation,* Gut nun.
10. *Father's Birthplace,* Gut nun.

Name of Medical Attendant, or other person who makes this Return, Carrie Reid.

Address, 417 Parish alley.

Remarks, the attendance was D.R. & Nurses Co. 3 416 & C. D.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* June 2 nd 1891
4. *Place of Birth, (Street and Number)* 923 Green Willow court
5. *Full Name of Mother,* Annie Hall
6. *Mother's Maiden Name,* Annie Baker
7. *Mother's Birthplace,* Maryland Co. U.
8. *Full Name of Father,* Charles Hill
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Anne Arundel Co. Md

Name of Medical Attendant, or other person who makes this Return, Schroeder Williams

Address, 910 Leiden Hill St

Remarks, 8950003469

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65-824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 3d 1895.
4. *Place of Birth, (Street and Number)* 4° 4/31 Smallwood B. city
5. *Full Name of Mother,* Helena Susanna Rapp
6. *Mother's Maiden Name,* Helena, Susanna Seipel
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* John, H. Rapp
9. *Father's Occupation* Confectioner
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Dr. Ph. Heldrich

Address, 2151 Wilkens Avenue, city

Remarks, 8950003470

Wm. J. C. Dulany Co., City Printers and Stationers.

Blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) C

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June the 2nd 1895
4. *Place of Birth, (Street and Number)* Number 1103 West Lexington St
5. *Full Name of Mother,* Mary E. Pletcher
6. *Mother's Maiden Name,* — — Reilly
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Samuel O Pletcher
9. *Father's Occupation* City work
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, M A Gedney

Address, 1604 West Lexington St

Remarks,

, 8 7 5 0 0 0 3 4 7 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedules furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 2
4. *Place of Birth, (Street and Number)* 1562 Ridgland St
5. *Full Name of Mother,* Mary Stitcher
6. *Mother's Maiden Name,* Mary Shundolbar
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James C Stitcher
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs C Frankstuch

Address, 2559 N. Fulton Avenue

Remarks,

0750003472

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-25-58

RETURN OF A BIRTH. 65827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marguerite ~~Rudolph~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3 - 1895
4. Place of Birth, (Street and Number) 2610 Stevens Court
5. Full Name of Mother, Addie Rudolph
6. Mother's Maiden Name, Addie Rider
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick Rudolph
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Irvs C. Faulstich

Address, 2859 N. Fulton Avenue

Remarks,

8 7 5 0 0 0 3 4 7 3

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Light brown skin
3. *Date of Birth,* 3rd of June
4. *Place of Birth, (Street and Number)* Dinond alley 223
5. *Full Name of Mother,* Hata Liter
6. *Mother's Maiden Name,* Hata Liter
7. *Mother's Birthplace,* City
8. *Full Name of Father,* William Simmons
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, Lydia Somerville

Address, 616 Clinton st

Remarks,

0750003474

Wm. J. C. Dulany Co., City Printers and Stationers.

Section. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the occupation of its parents. The practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June the 30 1895
4. *Place of Birth, (Street and Number)* 927 Saratoga St
5. *Full Name of Mother,* Odana Gaffney
6. *Mother's Maiden Name,* — — McCoy
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* William J Gaffney
9. *Father's Occupation* Miner
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, M A Leddy

Address, 1004 Mt Lexington Ave

Remarks,

8 9 5 0 0 0 3 4 7 5

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

birth shall hereafter take place, shall keep a true and correct
on blank schedule, to be furnished by the Commissioner of
births which have occurred under his or her care during the
be ascertained the full name of each child, (if any shall have
mouth, and shall set forth as far as the same can be ascer
been conferred) its sex, color, the full name and occupati
said schedule shall be delivered, duly signed by the practi
third day of each and every month to the office of the C
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or pra
attendance upon the mother, immediately thereafter it s
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offence, to be
cupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
er it shall become the duty of the person or parents of such
lth, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 2 1895
4. *Place of Birth, (Street and Number)* Castle st 123
5. *Full Name of Mother,* Fanney Bartes
6. *Mother's Maiden Name,* Farmer
7. *Mother's Birthplace,* Andey Bartes
8. *Full Name of Father,* Toler
9. *Father's Occupation* Downey
10. *Father's Birthplace,* Mary Chapter

Name of Medical Attendant, or other person who makes this Return,

Address, N Washington ave 205

Remarks, 6950003476

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 & 6 children
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	W. White
3. Date of Birth,	June 3rd
4. Place of Birth, (Street and Number)	35 Williamson St
5. Full Name of Mother,	Sallie L Bolles
6. Mother's Maiden Name,	Sallie L Duncale
7. Mother's Birthplace,	North Carolina
8. Full Name of Father,	Taylor Bolles
9. Father's Occupation,	Clerk.
10. Father's Birthplace,	Annemndle Va
Name of Medical Attendant, or other person who makes this Return,	Margrett A Lambart
Address,	84 E Hamburg St
Remarks,	Mother and Baby in Good health

0 6 9 5 0 0 0 3 4 7 7

Wm J C. Dulany Co., City Printers and Stationers.

All births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 15832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* ~~June~~ 3d 1895
4. *Place of Birth, (Street and Number)* 724 Bruce Street
5. *Full Name of Mother,* Bessie Jones
6. *Mother's Maiden Name,* Bessie Jones
7. *Mother's Birthplace,* Howard County Maryland
8. *Full Name of Father,* Unknown
9. *Father's Occupation,* Unknown
10. *Father's Birthplace,* Unknown

Name of Medical Attendant, or other person who makes this Return, J. McGargill

Address, 1800 W Biddle Street

Remarks,

8 4 5 0 0 3 4 7 8

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

1,10 N.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the date and place of birth, and the occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 14
4. *Place of Birth, (Street and Number)*	2859. N. Fulton Ave
5. *Full Name of Mother,*	May J. Stevens
6. *Mother's Maiden Name,*	Faulstich
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward Stevens
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs C. Faulstich
Address,	2859. N. Fulton Avenue
Remarks,	8950003479

Wm. J. C. Dulany Co., City Printers and Stationers.

births which have occurred under his or her care during the
e ascertained the full name of each child (if any shall have
upation of its parents, the date and place of birth, and the
ractitioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
r practitioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
h, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 4, '95.
4. *Place of Birth, (Street and Number)* 616 N. Hoffman St.
5. *Full Name of Mother,* Katie Bower
6. *Mother's Maiden Name,* Katie Baak.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John N. Bower
9. *Father's Occupation,* House Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, W. McLean Yost.

Address, 1231 Argyle Ave.

Remarks,

8950003480

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 4. 95
4. *Place of Birth, (Street and Number)* 1245 E. Eager St
5. *Full Name of Mother,* Clara Dietl
6. *Mother's Maiden Name,* " Pulman
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Jno H Dietl
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Jno H. Dietl

Address, 1312 Ashland ave.

Remarks,

· 8950003481

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65-836 V

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 4 1876
4. *Place of Birth, (Street and Number)* Ephesia st 2335
5. *Full Name of Mother,* Annie Kohler
6. *Mother's Maiden Name,* Jaugen
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Frederick Kohler
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Doctor

Address, N Washington st cor

Remarks, 0950003482

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 4 1895
4. *Place of Birth, (Street and Number)* Chapple st 934
5. *Full Name of Mother,* Annie Dolivkai
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Charles Dolivkai
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return Mary Kopta

Address, S Washington st 205

Remarks, 8950003483

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4 June 15 95

4. Place of Birth, (Street and Number) 1127 Hubert st Alley

5. Full Name of Mother, Ida C Brien

6. Mother's Maiden Name, Ida Wheatley

7. Mother's Birthplace, St Mary County MD

8. Full Name of Father, Patrick O Brien

9. Father's Occupation, Laber

10. Father's Birthplace, County Wexford Ireland

Name of Medical Attendant, or other person who makes this Return. Cornelia Allen

Address, 1407 Aisquith st Alley

Remarks, B 9 5 0 0 0 3 4 8 4

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the births which have occurred under his or her care during the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 4/95
4. *Place of Birth, (Street and Number)* 117 N. Conway St
5. *Full Name of Mother,* Sallie C. Thorpe
6. *Mother's Maiden Name,* Sallie C. Woods
7. *Mother's Birthplace,* Pulaski Co Ky
8. *Full Name of Father,* Harry C. Thorpe
9. *Father's Occupation* Canvasser
10. *Father's Birthplace,* Albany N.Y.

Name of Medical Attendant, or other person who makes this Return, E. Michaux M.D.

Address, 411 S. Sharp St.

Remarks,

'8950003485

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd January 1874
4. Place of Birth, (Street and Number) 2036 Federal st
5. Full Name of Mother, Mary Ritter
6. Mother's Maiden Name, " " Simon
7. Mother's Birthplace, Germany
8. Full Name of Father, Gottlob Ritter
9. Father's Occupation Silver Smith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs O Brien

Address,

Remarks,

0 9 5 0 0 0 3 4 8 6

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 65-841 v

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 5 1853
4. *Place of Birth, (Street and Number)* 206 Jackson st Homestead
5. *Full Name of Mother,* Madeline V Smith
6. *Mother's Maiden Name,* Miller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Smith
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Chicago Ill

Name of Medical Attendant, or other person who makes this Return H. Upjohn Hitchcock M.D.

Address, 237 Bond st Fulton

Remarks,

8 9 5 0 0 0 3 4 8 7

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

65842

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* June 5. 1895.
4. *Place of Birth, (Street and Number)* 1155 Bowers st,
5. *Full Name of Mother,* Rosa Alice Steidman,
6. *Mother's Maiden Name,* Ripple,
7. *Mother's Birthplace,* Lawrence Co. Pa,
8. *Full Name of Father,* Jno. F. Steidman Jr,
9. *Father's Occupation,* Wire worker
10. *Father's Birthplace,* Balto. City,

Name of Medical Attendant, or other person who makes this Return. E Lowrie Hyle

Address, 1007 W. Lanvale st

Remarks,

' 8 9 5 0 0 0 3 4 8 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 65843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 5 1895
4. *Place of Birth, (Street and Number)* Fayette st 1909
5. *Full Name of Mother,* Mary Hoore
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Garmon
8. *Full Name of Father,* Harry Hoore
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Garmon

Name of Medical Attendant, or other person who makes this Return. Mary Kaptis

Address, N Washington st 20[illegible]

Remarks,

8950003489

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5. th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 5, 1895.
4. Place of Birth, (Street and Number) Covoches No 1112.
5. Full Name of Mother, Regena Dresler
6. Mother's Maiden Name, Regena Feltner
7. Mother's Birthplace, Germica
8. Full Name of Father, Gustav Dresler
9. Father's Occupation, Painter
10. Father's Birthplace, Germica

Name of Medical Attendant, or other person who makes this Return Mrs. Ettel

Address, No 1619. Cuba

Remarks, 8950003490

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three & children

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored race
3. Date of Birth, Born ~~Nov 1895~~ June 2 to 1895
4. Place of Birth, (Street and Number) 2207 N. Eldery St. Baltimore Md
5. Full Name of Mother, Rosie Tailor
6. Mother's Maiden Name, Rosie Hughans
7. Mother's Birthplace, Mcathias County Va.
8. Full Name of Father, Robert Tailor
9. Father's Occupation Brickyard laborer
10. Father's Birthplace, Lancaster County Va.

Name of Medical Attendant, or other person who makes this Return, Georgeanna Brooks

Address, 1751 E Mulliken St.

Remarks, No remarks

8 7 5 0 0 0 3 4 9 1

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

65846

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 6 1895.
4. *Place of Birth, (Street and Number)* 2116 Oak St
5. *Full Name of Mother,* Mrs Alice Hollenweck
6. *Mother's Maiden Name,* Miss Alice Anderson
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* A. J. Hollenweck
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Alabama

Name of Medical Attendant, or other Person who makes this Return H. H. Biedler M.D

Address, 1191 W. Saratoga St

Remarks, 8950003482

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the form of a place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the case the certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter, of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* W hite
3. *Date of Birth,* June 5 1895
4. *Place of Birth, (Street and Number)* Castle at 523
5. *Full Name of Mother,* Mary Klima
6. *Mother's Maiden Name,* Bohaimen
7. *Mother's Birthplace,* Bohaimen
8. *Full Name of Father,* Charles Klima
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohaimen

Name of Medical Attendant, or other person who makes this Return, Mary Kosta

Address, N Washington st 205

Remarks, 8950003493

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 5 1895
4. *Place of Birth, (Street and Number)* Durham st 923
5. *Full Name of Mother,* Annie Bolak
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Bolak
9. *Father's Occupation* Tobo
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Shutes

Address, N Washington st 905

Remarks, 8950003494

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65-849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 June
4. Place of Birth, (Street and Number) Central Avenue 416
5. Full Name of Mother, Berta Sault
6. Mother's Maiden Name, Salowsky
7. Mother's Birthplace, Germany Berlin
8. Full Name of Father, Chas Sault
9. Father's Occupation, L Packing house
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 8950003495

Wm J C Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 6
4. *Place of Birth, (Street and Number)* 1573 Ridgland St
5. *Full Name of Mother,* May Moore
6. *Mother's Maiden Name,* May Amos
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Clarence Moore
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs C. Faulstich

Address, 2859 N. Fulton Avenue

Remarks,

B750003496

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 65857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 4th Child

1. Sex, (state whether male or female) Male. Ultra Gestation
2. Race or Color, (if not of the white race) Seven months. Colored
3. Date of Birth, June 6th 95
4. Place of Birth, (Street and Number) 677 Dolphin st
5. Full Name of Mother, Mary Garner Smith
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, James Garner
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Frank W. Simmons

Address, 322 N Eutaw st

Remarks, 8950003497

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the full name of each child, (if any shall have been conferred,) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become and will be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Flamale
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* ~~Baltimore~~ June 5th 1895
4. *Place of Birth, (Street and Number)* 112 Dallas St
5. *Full Name of Mother,* Mary A. Sanders
6. *Mother's Maiden Name,* Heath
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Daniel S Sanders
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Easton, Shore Maryland

Name of Medical Attendant, or other person who makes this Return, Susan Hooper

Address, 123 N Durham St

Remarks, No Remarks

8950003498

Wm J C. Dulany Co., City Printers and Stationers.

he ascertained the full name of each child, if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-9-66

RETURN OF A BIRTH. 65853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Ethel Lovering

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex*, (~~state whether male or~~ female)
2. *Race or Color*, ~~(if not of~~ the white race)
3. *Date of Birth*, June 6th 1895
4. *Place of Birth*, (Street and Number) No 1418 E Fayette st
5. *Full Name of Mother*, Georgia G Lovering
6. *Mother's Maiden Name*, " " Lerch
7. *Mother's Birthplace*, Pa
8. *Full Name of Father*, Francis I Lovering
9. *Father's Occupation* Stenographer
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. Ridgway Andre MD

Address, 1123 E Baltimore st

Remarks, 8 7 5 0 0 0 3 4 9 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 6 1895
4. *Place of Birth, (Street and Number)* 1850 Chester st
5. *Full Name of Mother,* Matilda Shipley
6. *Mother's Maiden Name,* " " Liberzt
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Richard Shipley
9. *Father's Occupation* File Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address,

Remarks,

0 9 5 0 0 0 3 5 0 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 6/95
4. *Place of Birth, (Street and Number)*	1236 Hull ~~Street~~ St Hull St
5. *Full Name of Mother,*	Mrs Maggie Tadden
6. *Mother's Maiden Name,*	Maggie O'Connor
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Robt Tadden
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Ann O'Connor
Address,	1112 Hanover St
Remarks,	

0750003501

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

65-856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 6th 1895
4. *Place of Birth, (Street and Number)* 1712 Division st
5. *Full Name of Mother,* Louisa Motley
6. *Mother's Maiden Name,* Louisa Loney
7. *Mother's Birthplace,* Deatonsville Va
8. *Full Name of Father,* Cornelius Motley
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other Person who makes this Return. Mary Bryan Midwife

Address, 1365 N. Calhoun Street

Remarks,

8 7 5 0 0 0 3 5 0 2

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the preceding the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, daly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 65857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state ~~whether male or~~ female)* female
2. *Race or Color, (if ~~not of the white~~ race)* Colored
3. *Date of Birth,* June 6-1895 at 20 minutes of 3 o'clock p.m
4. *Place of Birth, (Street and Number)* 913 Shuter street
5. *Full Name of Mother,* Inda. H. Taylor
6. *Mother's Maiden Name,* ——
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* James Lee
9. *Father's Occupation,* waiter
10. *Father's Birthplace,* M. d

Name of Medical Attendant, or other person who makes this Return. Josephine Corper

Address, 913 Shuter Street

Remarks, mother and baby is well

Baltimore Md

1895 6 3 5 6 3

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 6th

4. Place of Birth, (Street and Number) 430 E Lanvale St

5. Full Name of Mother, Marjorie Baxter

6. Mother's Maiden Name, Marjorie McLean

7. Mother's Birthplace, Scotland

8. Full Name of Father, William Baxter

9. Father's Occupation, Stone Cutter

10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return. T. K. Galloway M.D.

Address, 318 E Lanvale St.

Remarks, 1895000350 4

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH, 65-859

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 6 1898
4. *Place of Birth, (Street and Number)* 1100 Bradyear St
5. *Full Name of Mother* Annie E. McKing
6. *Mother's Maiden Name* Abbott
7. *Mother's Birthplace* Balto Co
8. *Full Name of Father* Chas. McKing
9. *Father's Occupation* Driver
10. *Father's Birthplace* Balto Co

Name of Medical Attendant, or other Person who makes this Return. W M Lewis M.D.

Address 1213 Patterson

Remarks

June Child 5000035 05

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male, [illegible]
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 26 1895
4. *Place of Birth, (Street and Number)* 1820 Lorman St
5. *Full Name of Mother,* Adelia Shofle
6. *Mother's Maiden Name,* Miss Adelia Cullop
7. *Mother's Birthplace,* Montevallo Va.
8. *Full Name of Father,* George Jno Collister
9. *Father's Occupation* Molder
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Chas Dorsey

Address, 1809 Lombard St City

Remarks, 8452003506

Colby

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 65861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Vincent Culbertson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 7th 95.
4. *Place of Birth, (Street and Number)* 225 S. Straker St.
5. *Full Name of Mother,* Francis M. Culbertson
6. *Mother's Maiden Name,* Francis M. Kirby
7. *Mother's Birthplace,* Howard Co. Md
8. *Full Name of Father,* Harry V. Culbertson
9. *Father's Occupation* Fireman (R.R.)
10. *Father's Birthplace,* Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Henry C. Ohle. M.D.

Address, 1203 W. Fayette St

Remarks, GIVEN NAME ADDED 2-19-54

8950003507 4-M

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Negro
3. *Date of Birth,*	June 7- 1895
4. *Place of Birth, (Street and Number)*	410 Biddle al
5. *Full Name of Mother,*	Martha Roberts
6. *Mother's Maiden Name,*	" Barnett.
7. *Mother's Birthplace,*	Annapolis Md.
8. *Full Name of Father,*	Lloyd Roberts
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Dr Black M D
Address,	1109 W Caulbert St
Remarks,	

8950003508

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child. (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4

1. *Sex,* (*state whether ~~male or female~~*) ~~female~~ Male
2. *Race or Color,* (*if ~~not of the white race~~*) Colored
3. *Date of Birth,* June 7. 1895 at 20 minuts 9 a. m.
4. *Place of Birth,* (*Street and Number*) 804 N.C. Donough st
5. *Full Name of Mother,* Clara. Mary
6. *Mother's Maiden Name,* ——— Colbert
7. *Mother's Birthplace,* M. d
8. *Full Name of Father,* Johny Satchel
9. *Father's Occupation,* odd Jobs
10. *Father's Birthplace,* M d

Name of Medical Attendant, or other person who makes this Return. Josephine Cooper

Address, 913 Hunter st

Remarks, Mother and Son are well

Baltimore Maryland

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be ascertained the full name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Males 2
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7th June 1865
4. *Place of Birth, (Street and Number)* 1506½ Gay St N
5. *Full Name of Mother,* Barberie Bushman
6. *Mother's Maiden Name,* " " Ballyagan
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Bushman
9. *Father's Occupation* Brewer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Dr Imms

Address,

Remarks,

8950003510

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 8 1865
4. *Place of Birth, (Street and Number)* No 1809 Lancaster Street
5. *Full Name of Mother,* Helen McGillan
6. *Mother's Maiden Name,* Helen McGowan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William McGillan (McMillan
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

8950003511

Wm. J. C. Dulany Co., City Printers and Stationers.

r blank schedule, to be furnished by the Commissioner of
register of such birth, and shall enter the same on blank
Health. This schedule shall contain a list of the births wh
month, and shall set forth as far as the same can be ascerta
been conferred) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practitio
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or practi
attendance upon the mother, immediately thereafter it sha
child to report its birth to the Commissioner of Health, in th
any such person or persons who shall hereafter fail to comp
jected to the fine of ten (10) dollars for each offence, to be re

RETURN OF A BIRTH. 65866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 8th. 95.
4. *Place of Birth, (Street and Number)* 1423 W. Lexington St.
5. *Full Name of Mother,* Violet Liddell
6. *Mother's Maiden Name,* Violet Newcomer
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Robert S. Liddell Jr.
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Okee, M.D.

Address, 1203 W. Baltimore St.

Remarks,

8950003512

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 3d

1. *Sex*, (*state whether male or female*) Male

2. *Race or Color*, (*if not of the white race*) White

3. *Date of Birth*, Saturday June 5th 95 8.20 Pm.

4. *Place of Birth*, (*Street and Number*) 602 N. Front St.

5. *Full Name of Mother*, Clara Katherine Ziegler

6. *Mother's Maiden Name*, Clara K. Ely

7. *Mother's Birthplace*, Pottsville Penna

8. *Full Name of Father*, George Ziegler

9. *Father's Occupation* Huckster

10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return E. G. Nelson M.D.

Address, 116 W. Mulberry St.

Remarks, 0750003513

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65-868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 8 1895
4. *Place of Birth, (Street and Number)* 2132 N Calvert St
5. *Full Name of Mother,* Mary Lucchesi Cummins
6. *Mother's Maiden Name,* Mary Lucchesi
7. *Mother's Birthplace,* Baltimore
8. *Fuil Name of Father,* William M Cummins
9. *Father's Occupation* Electrician
10. *Father's Birthplace,* Frederick Md

Name of Medical Attendant, or other person who makes this Return, Ora Belle Brewster MD

Address, 1027

Remarks, 8750003514

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 55869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 9 1895
4. *Place of Birth, (Street and Number)* Collington Ave
5. *Full Name of Mother,* Kate Frey
6. *Mother's Maiden Name,* " Wilhelm
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Frey
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address,

Remarks,

8950003515

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 8 1895
4. *Place of Birth, (Street and Number)* W. Wolf st 205
5. *Full Name of Mother,* Carrie Damrich
6. *Mother's Maiden Name,* Harman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Damrich
9. *Father's Occupation* Tobor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return Mary Mahoney

Address, 1 Washington st 205

Remarks, 0950003516

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth of each parent. In case the birth of any child said schedule shall be delivered, duly signed to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 8 1895
4. *Place of Birth, (Street and Number)* Register st 229
5. *Full Name of Mother,* Annie Robinson
6. *Mother's Maiden Name,* Garmen
7. *Mother's Birthplace,* George Robinson
8. *Full Name of Father,* Garmen
9. *Father's Occupation* Labor
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mary Masters

Address, N Washington st 205

Remarks, 0950003517

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) three

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 6th
4. *Place of Birth, (Street and Number)* 612 Argyle Avenue
5. *Full Name of Mother,* Mrs. Ida A. Coates
6. *Mother's Maiden Name,* Mrs. Ida A. Mackall.
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Grason A. Coates.
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return, Mary J. Tidett

Address, 503 Lafayette Ave

Remarks,

0950003518

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* June 7th 1895
4. *Place of Birth, (Street and Number)* 21 Brook Ln
5. *Full Name of Mother,* Georgiana Black
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Md
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mrs Parvil Jones

Address, 809 Parrish alley

Remarks,

8950003519

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

65-874

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Brown Skin
3. *Date of Birth,* June 8, 1965
4. *Place of Birth, (Street and Number)* 502 Druid Hill Ave
5. *Full Name of Mother,* Maggie Richardson
6. *Mother's Maiden Name,* Johnson
7. *Mother's Birthplace,* West River
8. *Full Name of Father,* Charles Richardson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* West River

Name of Medical Attendant, or other person who makes this Return, Louise Lee

Address, 644 Jasper St. Balto Md

Remarks, 8950003520

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65875

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. *Sex (state whether male* ~~*or female*~~) Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 7 P. M. 9th June 1895.

4. *Place of Birth (Street and Number)* 1015 N. Stricker St-Balto Md.

5. *Full Name of Mother* Alvina Taylor Griffith

6. *Mother's Maiden Name* Alvina Taylor

7. *Mother's Birthplace* Baltimore Md.

8. *Full Name of Father* Albert Spencer Griffith

9. *Father's Occupation* Postal Clerk - Railway Mail Service

10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Wm. J. Foth M.D.

Address 662 N. Franklin St

Remarks

0750003521

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 65876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 9th 1895
4. *Place of Birth, (Street and Number)*	#2236 Eastern Ave
5. *Full Name of Mother,*	Katie Hart
6. *Mother's Maiden Name,*	Katie White
7. *Mother's Birthplace,*	Balto Md.
8. *Full Name of Father,*	Charles Hart
9. *Father's Occupation,*	Labourer.
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Miss Mary M. Taylor.
Address,	#615 S Patterson Pk. Ave.
Remarks,	8950003522

Wm J C. Dulany Co., City Printers and Stationers.

...ertained the full name of each child, if any shall have ...as the same can be ascertained, the date and place of birth; and the ...n of its parents, the date and place of birth; and the ...ation of the father. A certificate between the first and ...been conferred) its sex, color, the full name and occupation of the ...said schedule shall be delivered, duly signed by the practitioner in the ...third day of each and every month to the office of the Commissioner of ...shall occur without the attendance of a physician or practitioner, or should no other person ...attendance upon the mother, immediately thereafter it shall become the duty of the ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Estella Neumann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9th 1895
4. Place of Birth, (Street and Number) 1 Saratoga st. 1112
5. Full Name of Mother, Annie Neumann
6. Mother's Maiden Name, Annie Christ
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Henry Neumann
9. Father's Occupation Custom Tailor
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Paca st

Remarks, NAME ADDED 5-15-52

B 6 5 5 0 0 0 3 5 2 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

mother, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether ~~male or~~ female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 9th 1895
4. *Place of Birth, (Street and Number)* 815 Lemmon St
5. *Full Name of Mother,* Maggie Kelley
6. *Mother's Maiden Name,* " J. " Bleacher
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Joseph P. Kelley
9. *Father's Occupation* Warehouseman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, John T. McCarthy M.D

Address, 626 Georgia St

Remarks,

8750003524

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65-879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 9. 1895
4. *Place of Birth, (Street and Number)*	1610 E Lanvale St
5. *Full Name of Mother,*	Fredrica Tallacke
6. *Mother's Maiden Name,*	" Kissinger
7. *Mother's Birthplace,*	Balto Md.
8. *Full Name of Father,*	Otto P. Tallacke
9. *Father's Occupation,*	Artist
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	E. L. Peters M.D.
Address,	1058 N. Broadway
Remarks,	

B 7500073525

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65-880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 9th 1865
4. *Place of Birth, (Street and Number)* 31 Washington St. Est.
5. *Full Name of Mother,* Rose Bart.
6. *Mother's Maiden Name,* Rose Bennett.
7. *Mother's Birthplace,* Balto. md.
8. *Full Name of Father,* R. S. Bart
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto. co. md.

Name of Medical Attendant, or other person who makes this Return, Abel R. Giles M.D.

Address, 1310 Augusta St.

Remarks,

1 8 9 5 0 0 3 5 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, (if any shall have ...mother, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Births. The Return Shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 9th
4. *Place of Birth, (Street and Number)*	#237 Duncan St.
5. *Full Name of Mother,*	Mary Reed
6. *Mother's Maiden Name,*	Mary Kittel
7. *Mother's Birthplace,*	Hesse Darmstadt
8. *Full Name of Father,*	William H. Reed
9. *Father's Occupation*	Cain. Maker
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary A Porter
Address,	#241 S. Chester St.
Remarks,	

8450003527

Wm. J. C. Dulany Co., City Printers and Stationers

65882

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male 1st

1. *Sex, (state whether male or female)* Colored child
2. *Race or Color, (if not of the white race)* Sunday June 9th 1895
3. *Date of Birth,* Born at 16 N. Oak St.
4. *Place of Birth, (Street and Number)* Tempa Jane Bentley.
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Loachest County Md.
7. *Mother's Birthplace,* John R. Blake
8. *Full Name of Father,* Following Lumber work.
9. *Father's Occupation,* New Jersey State of Pa by
10. *Father's Birthplace,* Sons Bridgeton Lumber

Name of Medical Attendant, or other person who makes this Return,

Address, 111 N. Hughes St

Remarks,

8950003520

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6588 2/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male 1 1st child
2. *Race or Color, (if not of the white race)* Colored child
3. *Date of Birth,* Born Sunday June 9th
4. *Place of Birth, (Street and Number)* Born at 1110 N. York St
5. *Full Name of Mother,* Empa Jane Beatty.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Born in Dorchester County Md
8. *Full Name of Father,* John R. Blake
9. *Father's Occupation,* Lumber work.
10. *Father's Birthplace,* New Jersey State Unknown

Name of Medical Attendant, or other person who makes this Return, F. Bridges Hunter

Address, 111 N Hughes St.

Remarks,

8950003529

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Charles Buetefisch ~~Matthew~~

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 of June 1895.
4. Place of Birth, (Street and Number) 1804 Orleans St.
5. Full Name of Mother, Marie Buetefisch
6. Mother's Maiden Name, Marie Eigel
7. Mother's Birthplace, Ottawa St. of Illenois
8. Full Name of Father, Henri Buetefisch
9. Father's Occupation, Baker
10. Father's Birthplace, Ellecat City

Name of Medical Attendant, or other person who makes this Return, Mrs. Ida Hille

Address, 207 N. Castle Str

Remarks,

6950003530

Wm J C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 3-22-57

RETURN OF A BIRTH. 65-884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Emma Wilhelmina Lerch 5 Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born June ~~10~~ 3rd 1895
4. Place of Birth, (Street and Number) # 55. Garrison Lane
5. Full Name of Mother, Mrs. Caroline Lerch
6. Mother's Maiden Name, Miss. " Drechsler
7. Mother's Birthplace, Baden Germany
8. Full Name of Father, Frederick Lerch
9. Father's Occupation Butcher
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return Mrs. Hiller

Address, # 2008 Mc. Henry St

Remarks,

8 7 5 0 0 0 3 5 3 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 10th 1895

4. Place of Birth, (Street and Number) 1145 W Saratoga St

5. Full Name of Mother, Florence Reed

6. Mother's Maiden Name, Florence Fisher

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Frederick Reed

9. Father's Occupation Blacksmith

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Thomas Shaw

Address, 1869 Edmondson Ave

Remarks, 8 Pounds 3 Ounces

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 65886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 10th 1896.
4. *Place of Birth, (Street and Number)* 1822. N Saratoga St
5. *Full Name of Mother,* Maud Malloy
6. *Mother's Maiden Name,* Maud Sheehan.
7. *Mother's Birthplace,* Baltimore, md.
8. *Full Name of Father,* James Malloy
9. *Father's Occupation,* Clerk.
10. *Father's Birthplace,* Baltimore, md

Name of Medical Attendant, or other person who makes this Return. A. H. Saxton M.D.

Address, 1136 N Lexington St.

Remarks,

B 4 5 0 0 0 3 5 3 3

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BIRTH NAME ADDED 11-18-59

RETURN OF A BIRTH. 65887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rosaline Redding.

No of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 10. 1894
4. Place of Birth, (Street and Number) Cor Lyman & Chase Sts
5. Full Name of Mother, Mrs Redding.
6. Mother's Maiden Name,
7. Mother's Birthplace, Ireland
8. Full Name of Father, M. J. Redding
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, B. B. Browne M.D.

Address, 1218 Madison Av

Remarks,

B750003534

Wm J C. Dulany Co., City Printers and Stationers.

...n be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16th 1895
4. Place of Birth, (Street and Number) # 430 N. Patterson Pk Ave
5. Full Name of Mother, Mollie Frampton
6. Mother's Maiden Name, Mollie Nagle
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Howard Elbert Frampton.
9. Father's Occupation, Jeweler
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M Taylor

Address, # 615 N. Patterson Pk. Ave.

Remarks,

8 9 5 0 0 0 3 5 3 5

Wm J C. Dulany Co., City Printers and Stationers.

...which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June - 10th 1895

4. *Place of Birth, (Street and Number)* 809 N. Franklin st

5. *Full Name of Mother,* Catherine - Myers

6. *Mother's Maiden Name,* Catherine Faber

7. *Mother's Birthplace,* Baltimore - Md

8. *Full Name of Father,* William - L - Myers

9. *Father's Occupation* Painter

10. *Father's Birthplace,* Baltimore - Md

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Pennsylvania Ave

Remarks, 8950003536

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 10 1895
4. *Place of Birth, (Street and Number)* Monument st 2431
5. *Full Name of Mother,* Katie Burton
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Casey Burton
9. *Father's Occupation* Color
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Mary Shultis

Address, 1 W Lexington 205

Remarks, 8950003537

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 65891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* June 10th 1895
4. *Place of Birth, (Street and Number)* 1406 Barclay St
5. *Full Name of Mother,* Emma Loyd
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Chas Loyd
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. H G Prentiss M.D

Address, ~~60~~ 809 Gorsuch Ave

Remarks,

B 9 5 0 0 0 3 5 3 8

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Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 15892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11th Inst
4. *Place of Birth, (Street and Number)* 1230 Hunt Baltimore Md
5. *Full Name of Mother,* Emma Smith Gettmans
6. *Mother's Maiden Name,* Emma Smith
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Henry Gettmans
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Mary Gill

Address, 1230 Hunt St

Remarks, This is To Serve to the Institutions

8450003539

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	June 14-95
4. *Place of Birth, (Street and Number)*	#53 Webster Ave. Balto. City
5. *Full Name of Mother,*	Annie R. McComas
6. *Mother's Maiden Name,*	Annie R. Hinkel
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	Wilson R. R. Comes
9. *Father's Occupation*	Electrician
10. *Father's Birthplace,*	Balto. City
Name of Medical Attendant, or other person who makes this Return.	Margaret A. Hinkel
Address,	#53 Webster Ave. Balto. City
Remarks,	

0 7 5 0 0 0 7 5 4 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 11th 1895
4. *Place of Birth, (Street and Number)* 211 W. Henrietta St
5. *Full Name of Mother,* Maggie Jane Jennings
6. *Mother's Maiden Name,* Maggie Jennings
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred Cutch
9. *Father's Occupation,* Hackman
10. *Father's Birthplace,* St. Mary's County

Name of Medical Attendant, or other person who makes this Return, Millie Gross

Address, 17 Vine Street

Remarks,

8950003541

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 5-19-60

RETURN OF A BIRTH. 63895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Roland Simpson Leaf

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11. 95
4. Place of Birth, (Street and Number) 1601 Hopkins ave
5. Full Name of Mother, Emma Isabella Leaf Simpson
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto City
8. Full Name of Father, Charles W. Leaf
9. Father's Occupation, Coach painter
10. Father's Birthplace, Balto County

Name of Medical Attendant, or other person who makes this Return, Fred'k Pikel

Address, 1212 Rohland ave

Remarks,

8950003542

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65-896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 11 - 95
4. *Place of Birth, (Street and Number)* Eastern Ave & 1858
5. *Full Name of Mother,* Mary Kerr
6. *Mother's Maiden Name,* Mc Donald
7. *Mother's Birthplace,* Glasgow Scotland
8. *Full Name of Father,* Edward Kerr
9. *Father's Occupation* Boilermaker
10. *Father's Birthplace,* Glasgow Scotland

Name of Medical Attendant, or other person who makes this Return, Johanna Jaeke

Address, Canton Hospital

Remarks,

A 0 7 5 0 0 0 3 5 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained ... been conferred) its sex, color, the full name and occupation of ... said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commis... shall occur without the attendance of a physician or practitioner ... attendance upon the mother, immediately thereafter it shall bec... child to report its birth to the Commissioner of Health, in the ma... any such person or persons who shall hereafter fail to comply wi... jected to the fine of ten (10) dollars for each offence, to be recovere... ...ir care during the ...child, (if any shall have ...birth; and the ...ate between the first and ...ssioner be in ...ons of such ...required, and ...section shall be sub- ...ies are recoverable.

RETURN OF A BIRTH. 63897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 11th 95
4. *Place of Birth, (Street and Number)* 1462 Garrett Ave.
5. *Full Name of Mother,* Elisabeth Spiefs
6. *Mother's Maiden Name,* Elisabeth Schanagel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Spiefs
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Joseph Henggeler

Address, 1638 Fort Ave.

Remarks,

B 9 5 0 0 0 3 5 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred,) its sex, color, the full name and occupation of each child, if any shall have
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 12. 95
4. *Place of Birth, (Street and Number)*	727 Smith's alley
5. *Full Name of Mother,*	Florence Cummings
6. *Mother's Maiden Name,*	" " "
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Simon Cummings
9. *Father's Occupation,*	Tobacco Packer
10. *Father's Birthplace,*	Balto City.
Name of Medical Attendant, or other person who makes this Return,	Fred'k A. Pickel
Address,	1312 Ashland Ave.
Remarks,	6950003545

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 65899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Mulatto Race
3. *Date of Birth,* Sept 12 th 1895
4. *Place of Birth, (Street and Number)* 719 Lorain Place Balto City
5. *Full Name of Mother,* Ellen Maria Kelly
6. *Mother's Maiden Name,* Ellen Maria Kelly
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* John Joseph Kelly
9. *Father's Occupation,* Teamster
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Tilton

Address, 719 Lorain Place Balto

Remarks,

8 9 5 0 0 0 3 5 4 6

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 65-900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether* 1st, 2d, 3d, &c.~~)

1. *Sex,* (~~*state whether male or* female~~)
2. *Race or Color,* (~~*If not of the* white race~~)
3. *Date of Birth,* June 13 [illegible]
4. *Place of Birth,* (*Street and Number*) 622 Fayette Ave Franklin Sq
5. *Full Name of Mother,* Anna Gall
6. *Mother's Maiden Name,* " Obert
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* C H. Gall
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Alex Thorburn M.D.

Address, 26 N Preston St

Remarks,

B 7 5 0 0 0 3 5 4 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM

RETURN OF A BIRTH. 65401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	June 13/95
4. Place of Birth, (Street and Number)	1208 Hill St
5. Full Name of Mother,	Mrs Annie Flynn
6. Mother's Maiden Name,	Annie Mulligan
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Patrick Flynn
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs Ann O'Connor
Address,	1112 Hanover St
Remarks,	

8 9 5 0 0 0 3 5 4 8

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65-902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Brown skin
3. *Date of Birth,* June 16th 90
4. *Place of Birth, (Street and Number)* 318 Rose St
5. *Full Name of Mother,* Florence Myers
6. *Mother's Maiden Name,* Sutton
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James Carter
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Louisa Lowe

Address, 624 Jasper St

Remarks, 8950 0 0 3 5 4 9 Baltimore Md

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 16 1895
4. *Place of Birth, (Street and Number)* 2130 St Henrietta
5. *Full Name of Mother,* Annie Hill
6. *Mother's Maiden Name,* Clyie It is not to its full time
7. *Mother's Birthplace,* Salisbury country
8. *Full Name of Father,* William H Hill
9. *Father's Occupation,* Spring Garden Marlboyord
10. *Father's Birthplace,* Dawl Chester country

Name of Medical Attendant, or other person who makes this Return, Miss Millie Grant

Address, 17 Dundan Street

Remarks,

8 9 5 0 0 0 5 5 0

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month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

65904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 1st 1895

4. *Place of Birth, (Street and Number)* 1105 N. Stricker St.

5. *Full Name of Mother,* Mary E. Taylor. King

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Baltimore, Md.

8. *Full Name of Father,* Walter Edgar Taylor.

9. *Father's Occupation,* Merchant

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Louis W. Knight M.D.

Address, 320 N. Greene St.

Remarks,

8 9 5 0 0 0 7 5 5 1

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full place of its birth, and the said schedule shall be delivered, or certificate, between the first and third day of each and every birth of any child shall occur without the attendance of a should no other person be in attendance upon the mother, it duty of the parent or parents of such child to report its birth within the period above required, except in the cases of the any person or persons who shall hereafter fail to comply with to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ET & CO., CITY PRINTERS AND STATIONERS.

one

RETURN OF A BIRTH. 65905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Josephine Ametia Marshall

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2

1. *Sex*, (*state whether male or female*) Female

2. *Race or Color*, (*if not of the white race*) Colored

3. *Date of Birth*, June 3 [illegible]

4. *Place of Birth*, (*Street and Number*) 529 N Fort [illegible]

5. *Full Name of Mother*, Maria Marshall

6. *Mother's Maiden Name*, Fox

7. *Mother's Birthplace*, Virginia

8. *Full Name of Father*, Lewis Marshall

9. *Father's Occupation* Waiter

10. *Father's Birthplace*, Virginia

Name of Medical Attendant, or other person who makes this Return, [illegible] Dr [illegible]

Address, 529 N Fort [illegible]

Remarks, Mary L Hozier 553 Dolphin st

month, and shall set forth as far as the same can be ascertained
been conferred) its sex, color, the full name and occupation of it
said schedule shall be delivered, duly signed by the practitioner i
third day of each and every month to the office of the Commiss
shall occur without the attendance of a physician or practioner
attendance upon the mother, immediately thereafter it shall bec
child to report its birth to the Commissioner of Health, in the ma
any such person or persons who shall hereafter fail to comply wi
jected to the fine of ten (10) dollars for each offence, to be recovere

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RETURN OF A BIRTH. 65906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frank Schlosser

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3rd 1901
4. Place of Birth, (Street and Number) 1617 Barclay St.
5. Full Name of Mother, Agnes Schlosser
6. Mother's Maiden Name, " Fitig
7. Mother's Birthplace, Carroll Co Md.
8. Full Name of Father, Michael J. Schlosser
9. Father's Occupation Brakeman on B. C. R. R.
10. Father's Birthplace, York Co Pa

Name of Medical Attendant, or other person who makes this Return, W B Penny MD

Address, 900 E. Chase St

Remarks,

B 7 5 0 0 0 3 5 5 3

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been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 15715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 3rd 1895
4. *Place of Birth, (Street and Number)* 1642 E. Monument St
5. *Full Name of Mother,* Lulu Francis
6. *Mother's Maiden Name,* Lulu Gardner
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Geo. W. Francis
9. *Father's Occupation,* Dairyman
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Francis A. Lewis M.D.

Address, 439 N. Central Ave

Remarks,

8950003554

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH. 45908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 4th 1895
4. *Place of Birth, (Street and Number)* 2104 Ashland Avenue
5. *Full Name of Mother,* Grace Christopher
6. *Mother's Maiden Name,* Grace Hartley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Wesley Christopher (Died 3 months ago)
9. *Father's Occupation*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm. W. Dobbin M D

Address, The Johns Hopkins Hospital

Remarks,

6 7 5 0 0 3 5 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

...ined the full name of each child, (if any shall have ... of its parents, the date and place of birth; and the ... ner in the form of a certificate between the first and ... missioner of Health. In case the birth of any child ... ner of midwifery, or should no other person be in ... become the duty, of the person or parents of such ... manner and within the period above required, and ... with the provisions of this section shall be sub- ... overed as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	4th June 1895
4. *Place of Birth, (Street and Number)*	Bruynday alley 629
5. *Full Name of Mother,*	Cora Siers
6. *Mother's Maiden Name,*	Cora Mitchel
7. *Mother's Birthplace,*	Calvert
8. *Full Name of Father,*	Charles Siers
9. *Father's Occupation*	Cartoman
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Cathrene Jones
Address,	409 W Hamberg st
Remarks,	X

B 7 5 0 0 0 3 5 5 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1895 On the eight of June
4. *Place of Birth, (Street and Number)*	Cleveland Street # 1142
5. *Full Name of Mother,*	Lizzie B. Schuman
6. *Mother's Maiden Name,*	Lizzie B. Miller
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Charles Edward Schuman
9. *Father's Occupation*	Ice Driver
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Emma Hinson
Address,	23 E Pratt [illegible] St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 65911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8th
4. *Place of Birth, (Street and Number)* 810 Remington Ave
5. *Full Name of Mother,* Ella Hughes
6. *Mother's Maiden Name,* Ella Heald
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Peter Hughes
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, [illegible] M.D.

Address, 1100 N 25th St

Remarks,

B 5 0 0 3 5 5 7

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RETURN OF A BIRTH. 65912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* June 12th 1895
4. *Place of Birth, (Street and Number)* 7 Henrietta St
5. *Full Name of Mother,* Mathilda Emerson
6. *Mother's Maiden Name,* Mathilda Gassaway
7. *Mother's Birthplace,* Baltimore, Md
8. *Full Name of Father,* Andrew Emerson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, W H Earhart MD

Address, 100 W 25th St

Remarks,

1895 0 0 3 5 5 8

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...months which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex; color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June. 14. 1845
4. Place of Birth, (Street and Number) 1718. L. William. St
5. Full Name of Mother, Elizebeth. Deiper
6. Mother's Maiden Name, Elizebeth. Wolslager
7. Mother's Birthplace, Baltimore. md
8. Full Name of Father, John. Deiper.
9. Father's Occupation, Gardner.
10. Father's Birthplace, Baltimore. md

Name of Medical Attendant, or other person who makes this Return. Ellenora. a. anderson

Address, 1434. Patapsco. St

Remarks, B 7 5 0 0 0 7 5 5 9

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 14th of June 1895
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* Annie Hannah Baker
6. *Mother's Maiden Name,* Baker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Hannah Baker
9. *Father's Occupation* Plater
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 127 E. Monument St.

Remarks, 0950003560

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 65915

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4th

1. *Sex,* (*state whether male or female*) male

2. *Race or Color,* (*if not of the white race*) Black

3. *Date of Birth,* June 17

4. *Place of Birth,* (*Street and Number*) 530 Lambert st

5. *Full Name of Mother,* Addie Short

6. *Mother's Maiden Name,* Addie Quill

7. *Mother's Birthplace,* Balto Co Md

8. *Full Name of Father,* Frazier Short

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other Person who makes this Return H. K. Gorsuch M.D.

Address, 1131 Hillsdale

Remarks,

B 9 5 0 0 0 3 5 6 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 65-916 L

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* June 17th 95.
4. *Place of Birth, (Street and Number)* Preston Ave., Roland Pk, Balto
5. *Full Name of Mother,* Annie Rever
6. *Mother's Maiden Name,* " " (Servant)
7. *Mother's Birthplace,* U. S.
8. *Full Name of Father,* Unknown
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Geo Stopidge M.D.

Address, 102 Irrmaterial Hgts

Remarks, Registrate

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 65917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 15 95
4. *Place of Birth, (Street and Number)* Andre St 1949
5. *Full Name of Mother,* Magie Tyson
6. *Mother's Maiden Name,* Davidson
7. *Mother's Birthplace,* Edinburgh - Scotland
8. *Full Name of Father,* Josef Tyson
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Antwerpen

Name of Medical Attendant, or other person who makes this Return, Johanna Janske
Garrett Doc 1263

Address,

Remarks,

8 9 5 0 0 0 3 5 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (8th) Eight

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 17, 1895
4. *Place of Birth, (Street and Number)* 758 George St
5. *Full Name of Mother,* Emma Reb
6. *Mother's Maiden Name,* Gottschalk
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Frederick Reb jr
9. *Father's Occupation* Manufacturing Chemist
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, A. L. Hendrickson

Address, 624 N Carrollton Ave

Remarks,

B 7500003564

Wm. J. C. Dulany Co., City Printers and Stationers.

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7th June 1895
4. *Place of Birth, (Street and Number)* 118 Old York Road
5. *Full Name of Mother,* Mary Fleming
6. *Mother's Maiden Name,* Texas
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Joseph John Logt
9. *Father's Occupation* Baltimore City Fire Department
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Jno Hancock Blakeley

Address,

Remarks, 0 7 5 0 0 0 3 5 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 15 25
4. *Place of Birth, (Street and Number)* Richardson St 1440
5. *Full Name of Mother,* Marie Manitzki
6. *Mother's Maiden Name,* Miller
7. *Mother's Birthplace,* Roseberg West Prussia
8. *Full Name of Father,* Albert Manitzki
9. *Father's Occupation* Stevedor
10. *Father's Birthplace,* Roseberg West Pr

Name of Medical Attendant, or other person who makes this Return, Johanna Janske

Address, Garrett Alley 1363

Remarks, 8 9 5 0 0 0 3 5 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65-9214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 19th
4. *Place of Birth, (Street and Number)*	Fairmount Alley
5. *Full Name of Mother,*	Lucinda Chatling[illegible] Collins
6. *Mother's Maiden Name,*	Butler
7. *Mother's Birthplace,*	Not Known
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	[illegible]
10. *Father's Birthplace,*	[illegible]
Name of Medical Attendant, or other person who makes this Return,	Phillip Morelle
Address,	#1849 Milton Ave
Remarks,	6950003567

Register of such Birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 1st 1875
4. *Place of Birth, (Street and Number)* 635 St Josef St
5. *Full Name of Mother,* Mary Ruzicka
6. *Mother's Maiden Name,* Merry Brechmann
7. *Mother's Birthplace,* Gissighim Baden Deutschland
8. *Full Name of Father,* Charles Ruzicka
9. *Father's Occupation* Saloon
10. *Father's Birthplace,* Pilsen Böhmen Österreich

Name of Medical Attendant, or other person who makes this Return, Mrs M Foster

Address, 1600 E Lanvale st

Remarks,

0750003568

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 65923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 4th
4. *Place of Birth, (Street and Number)* 1637 N Dunbar St
5. *Full Name of Mother,* Mary B. F. Conrad
6. *Mother's Maiden Name,* Mary B. F. Lauer
7. *Mother's Birthplace,* Frederick Co Md
8. *Full Name of Father,* John Frederick Conrad
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Avery Elias

Address, 1625 Hoffman Ave

Remarks, 1895

1895 00035 69

Wm. J. C. Dulany Co., City Printers and Stationers.

Name, and shall state the full name of each child of any such mother born since the birth to which such certificate relates, (if no child has been born since the birth to which such certificate relates, that fact shall be stated,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

65-924

RETURN OF A BIRTH.

GIVEN NAME ADDED 8-25-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Howard Gallop

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Ehelosen

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th of June 1895
4. Place of Birth, (Street and Number) 743 N Eutaw Sta
5. Full Name of Mother, Henriette Gallop
6. Mother's Maiden Name, Henriette Falchinsthal
7. Mother's Birthplace, in Germany Berlin
8. Full Name of Father, John Gallop
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return,

Address, Mary Elias 1625 Hopkins Ave.

Remarks, 1895

0750007570

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Wht.
3. *Date of Birth,*	June 7/95
4. *Place of Birth, (Street and Number)*	2707 Penna. Ave.
5. *Full Name of Mother,*	Mrs Jno. Ryan
6. *Mother's Maiden Name,*	Fannie Hill
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	John Ryan
9. *Father's Occupation*	Barber
10. *Father's Birthplace,*	Frederick Co. Md.
Name of Medical Attendant, or other person who makes this Return.	E. A. Smith M. D.
Address,	2505 Penna. Ave
Remarks,	

6950003571

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 9/95
4. *Place of Birth, (Street and Number)*	2612 Mary St.
5. *Full Name of Mother,*	Mrs Chas. A. Creamer
6. *Mother's Maiden Name,*	Nellie Staines
7. *Mother's Birthplace,*	Balto Co. Md.
8. *Full Name of Father,*	Chas. A. Creamer
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Edward Reid M.D.
Address,	2506 Penna. Ave.
Remarks,	

6 9 5 0 0 0 3 5 7 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of the person or parents of such attendance upon the mother, immediately thereafter, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 9/95
4. *Place of Birth, (Street and Number)*	1535 Retreat St.
5. *Full Name of Mother,*	Mrs Silas Wolf
6. *Mother's Maiden Name,*	Ella Chaney
7. *Mother's Birthplace,*	Carroll Co Md.
8. *Full Name of Father,*	Silas Wolf
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Annearundel Co. Md.
Name of Medical Attendant, or other person who makes this Return,	E. A. Smith M. D.
Address,	2505 Penna. Ave.
Remarks,	

8750003573

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, this Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6 5 928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14th June
4. *Place of Birth, (Street and Number)* 1908 Baltimore, North Ave
5. *Full Name of Mother,* Sarah M. Flaxman
6. *Mother's Maiden Name,* Sarah M. Faylor
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Benjamin H. Flaxman
9. *Father's Occupation* Plasterer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Miss Martha F. Foster

Address, 1600 Sarvale St.

Remarks,

0 7 5 0 0 0 3 5 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

c

RETURN OF A BIRTH. 65-929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	male-Albert Richard Compton Jr.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 15th 95
4. *Place of Birth, (Street and Number)*	1307. N. Fulton ave
5. *Full Name of Mother,*	Julia Compton
6. *Mother's Maiden Name,*	Julia Zambiski
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Alfred R. Compton
9. *Father's Occupation*	Paper Hanger
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Casper D. Jones M.D.
Address,	1836 N. Gilmor St
Remarks,	Full name of child added by sister upon applying for a transcript Sadie Compton Sister 7 5 √ K.E. Nelson July 9-1923 Birth Index Clerk

month, and shall set forth as far as the same can be ascertained under his or her care during the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65-930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 15/98
4. *Place of Birth, (Street and Number)*	2675 Frances
5. *Full Name of Mother,*	Mary O'Bryan
6. *Mother's Maiden Name,*	Mary Steele
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Bernard O'Bryon
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Jed W. Innis M.D
Address,	1501 Printman
Remarks,	

0 4 5 0 0 0 3 5 7 6

Wm J C. Dulany Co., City Printers and Stationers.

...shall be ascertained the full name of each child, if any shall have ...and occupation of its parents, the date and place of birth; and the ...by the practitioner in the form of a certificate between the first and ...ice of the Commissioner of Health. In case the birth of any child ...sician or practitioner of midwifery, or should no other person be in ...thereafter it shall become the duty of the person or parents of such ...of Health, in the manner and within the period above required, and ...after fail to comply with the provisions of this section shall be sub- ...offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 15931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fe[illegible]male

1. *Sex, (state whether male or female)* colard
2. *Race or Color, (if not of the white race)* June 15
3. *Date of Birth,* Andrews ave No 7
4. *Place of Birth, (Street and Number)* Alvertia Payne
5. *Full Name of Mother,* Alvertia Buckhanan
6. *Mother's Maiden Name,* Harford Couty Md
7. *Mother's Birthplace,* John Payne
8. *Full Name of Father,* Public Works
9. *Father's Occupation,* Hanover couty Va
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Locky Jane Gury 3010 3½ St

Address,

Remarks, 895000375 77

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 65-932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) male

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 16th 1895
4. *Place of Birth, (Street and Number)* 247 N Amity St
5. *Full Name of Mother,* Elenora M Lauer Willl
6. *Mother's Maiden Name,* Elenora M Willl
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Alphonse A Lauer
9. *Father's Occupation* Shoe and Tailor Filler
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Emma Hunter

Address, 23 N Papa Pelton

Remarks, 8950003578

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

e Commissioner of Health. This schedule shall contain a
g the month, and shall set forth as far as the same can be
list of the births which have occurred under his or her care during the
ascertained the full name of each child (if any shall have been conferred,
parents, the date and place of birth, and the said schedule shall be deliver
certificate between the first and third day of each and every month to the
birth of any child shall occur without the attendance of a Physician or
be in attendance upon the mother, immediately thereafter it shall become
report its birth to the Commissioner of Health, in the manner and within
or persons who shall hereafter fail to comply with the provisions of this sec
for each offence to be recovered as other fines and forfeitures are recovera

RETURN OF A BIRTH.

63933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) First

1. *Sex*, (*state whether male or female*) Female

2. *Race or Color*, (*if not of the white race*)

3. *Date of Birth* June 17th 1890

4. *Place of Birth*, (*Street and Number*) Roland Park

5. *Full Name of Mother*, Alice Rinn

6. *Mother's Maiden Name*, Mc Naughton

7. *Mother's Birthplace*, Lancaster, Pennsylvania

8. *Full Name of Father*, Julius Rinn

9. *Father's Occupation*, Bookkeeper

10. *Father's Birthplace*, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Alice S. Packhurst M.D.

Address, 1410 Park Ave.

Remarks,

0 7 5 0 0 0 3 5 7 9

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 63-934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 June the 1893
4. *Place of Birth, (Street and Number)* Little Abe Eldery str.
5. *Full Name of Mother,* Leana Grosman
6. *Mother's Maiden Name,* Leana Witeman
7. *Mother's Birthplace,* ~~Rusia~~ Rusia
8. *Full Name of Father,* Luis Grosman
9. *Father's Occupation* ~~T~~ Tailor
10. *Father's Birthplace,* Rusia

Name of Medical Attendant, or other person who makes this Return.

Address, Mary Elias 1625 Hopkins Ave.

Remarks, 1895

0 0 5 0 0 0 7 5 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 1/22/64

RETURN OF A BIRTH. 65935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William George ~~Speed Jr.~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 17/95
4. *Place of Birth, (Street and Number)* 1226 Lafayette ave
5. *Full Name of Mother,* Ethel Speed
6. *Mother's Maiden Name,* Ethel Ray.
7. *Mother's Birthplace,* Carroll Co. Md
8. *Full Name of Father,* Wm. G. Speed
9. *Father's Occupation,* Clerk.
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Geo W Ennis M.D

Address, 1501 Pressman

Remarks,

BY5 0003581

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 18th 1896
4. *Place of Birth, (Street and Number)* 313 Wilcox St.
5. *Full Name of Mother,* Lobbia Washington
6. *Mother's Maiden Name,* Lobbia Johnson
7. *Mother's Birthplace,* Carroll Co Md
8. *Full Name of Father,* James L Johnson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Fanny Sloan

Address, 1809 London St

Remarks,

B95000358 2

Wm. J. C. Dulany Co., City Printers and Stationers

Note. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) New Born Baby 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 6th 1895
4. *Place of Birth, (Street and Number)* 919 Peach Alley Balto
5. *Full Name of Mother,* Susie Hicks
6. *Mother's Maiden Name,* Susie Dorsey
7. *Mother's Birthplace,* Fredricksburg Virginia
8. *Full Name of Father,* James White
9. *Father's Occupation* Deckhand on Steamer
10. *Father's Birthplace,* Carolina Co.

Name of Medical Attendant, or other person who makes this Return, Eunice Ira Davis

Address, 910 Peach Alley Balto

Remarks,

0750003583

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) New Born 10th June 1893 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 10th June 93
4. *Place of Birth, (Street and Number)* 634 Elbow Lane Balto Md
5. *Full Name of Mother,* Lidia Perry
6. *Mother's Maiden Name,* Lidia Dawkins
7. *Mother's Birthplace,* Born in Baltimore Md
8. *Full Name of Father,* Thomas Perry
9. *Father's Occupation* Fireman on Steamer
10. *Father's Birthplace,* Baltimore Eastern Shore

Name of Medical Attendant, or other person who makes this Return, Annie Ire Davis

Address, 910 Peach Alley.

Remarks,

0750003584

Wm. J. C. Dulany Co., City Printers and Stationers.

65-939

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 19th
4. *Place of Birth, (Street and Number)*	149 Henrietta St
5. *Full Name of Mother,*	Henrietta Whittington
6. *Mother's Maiden Name,*	Henrietta Pinder
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Charles Whittington
9. *Father's Occupation*	Porter
10. *Father's Birthplace,*	Fairmount, Somerset Co- Md
Name of Medical Attendant, or other person who makes this Return,	Annie M. Davis
Address,	910 Peach Alley
Remarks,	

8 9 5 0 0 0 3 5 8 5

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 65940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* June 5th 1895
4. *Place of Birth, (Street and Number)* 1906 Gough Street
5. *Full Name of Mother,* Lizzie Mayes
6. *Mother's Maiden Name,* E Ford
7. *Mother's Birthplace,* Lebanon Tennessee
8. *Full Name of Father,* Wm Mayes
9. *Father's Occupation* Cook
10. *Father's Birthplace,* Salisbury Md

Name of Medical Attendant, or other person who makes this Return, Mrs Knowles

Address, 2203 Orleans Street

Remarks,

S 7 5 0 0 3 5 8 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 5th 1895
4. Place of Birth, (Street and Number) No 12 Carrol Ave
5. Full Name of Mother, Lizzie Koerby
6. Mother's Maiden Name, Lizzie Boland
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Koerby
9. Father's Occupation Teamster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 8950003587

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 6, 1895
4. *Place of Birth, (Street and Number)* 410 N. Hoffman St.
5. *Full Name of Mother,* Harriet Hawkins
6. *Mother's Maiden Name,* Harriet Hawkins
7. *Mother's Birthplace,* Anne Arundel Co. Md.
8. *Full Name of Father,* Henry Davis
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Anne Arundel Co. Md.

Name of Medical Attendant, or other person who makes this Return, Louise Eaton M.D. Res. Physician Maternity, 410 W. Hoffman St.

Address,

Remarks,

8950035883

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63-943 ✓

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	Colo
3. *Date of Birth*	June 6 1895
4. *Place of Birth (Street and Number)*	1127 W Watcoat St
5. *Full Name of Mother*	Ellen Chase
6. *Mother's Maiden Name*	Ellen
7. *Mother's Birthplace*	Calvert County
8. *Full Name of Father*	Rausen Chase
9. *Father's Occupation*	Scourings
10. *Father's Birthplace*	Calvert County
Name of Medical Attendant, or other Person who makes this Return.	Geary & Jones
Address	1121 Saratoga St
Remarks	

6750003589

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 1 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9th of June 1895
4. *Place of Birth, (Street and Number)* Ho 1416 Anthony St
5. *Full Name of Mother,* Anna Kraeuchle
6. *Mother's Maiden Name,* Anna Dietrich
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Gustav Kraeuchle
9. *Father's Occupation* Music teacher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Jno Ch Daneo

Address, No 1059 Harford Ave

Remarks, Bal. / Md.

8 7 5 0 0 0 3 5 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 7th 1895
4. *Place of Birth, (Street and Number)* 838 Edmondson ave
5. *Full Name of Mother,* Louisa A. J. Roschen
6. *Mother's Maiden Name,* " " Schroeder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Roschen
9. *Father's Occupation* Book Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr. E. Gibbons M.D.

Address, 1102 W. Lafayette ave

Remarks,

C 4 5 0 0 3 5 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 8th 1895
4. *Place of Birth, (Street and Number)* Campbell ab 631
5. *Full Name of Mother,* Kate E [redacted]
6. *Mother's Maiden Name,* Kate E Donnahan
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Charles E [redacted]
9. *Father's Occupation,* [redacted] Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E Bentley

Address, 929 S Paca st

Remarks, Child living

625000035992

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-94

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Twins. Male & Female

2. *Race or Color, (if not of the white race)* W. White

3. *Date of Birth,* June 8th 93

4. *Place of Birth, (Street and Number)* 233 N. Schroder St

5. *Full Name of Mother,* Kate Manly

6. *Mother's Maiden Name,* " " Schmidt

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Frank Manly

9. *Father's Occupation* Fish Dealer

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Minnie Gray

Address, 206 N. Schroder St

Remarks,

8950003593

Wm. J. C. Dulany Co., City Printers and Stationers.

65-948

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 this Child.

1. *Sex, (state whether male or female)* X Male Child.
2. *Race or Color, (if not of the white race)* White Child.
3. *Date of Birth,* Born of the 9th of June.
4. *Place of Birth, (Street and Number)* Number 532 W Lexington St.
5. *Full Name of Mother,* Jennie Virginia Cooney
6. *Mother's Maiden Name,* Jennie Virginia Kusher.
7. *Mother's Birthplace,* Born in Baltimore
8. *Full Name of Father,* James Ferdinand Cooney.
9. *Father's Occupation,* Laborer Works.
10. *Father's Birthplace,* Born in Washington.

Name of Medical Attendant, or other person who makes this Return. Mary E Bentley

Address, 929 S Paca St

Remarks, Child living

0 7 3 0 0 8 5 2 4 6

register of such birth, and shall enter the same on a blank Schedule furnished by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 65-949

GIVEN NAME ADDED 9/22/16

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Joh[illegible]th Jeffries

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 15th 1895
4. Place of Birth, (Street and Number) 1323 Hull st
5. Full Name of Mother, Annie L Jeffries
6. Mother's Maiden Name, Annie L Coleman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William E Jeffries
9. Father's Occupation, Carpenter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Margaret Ettel

Address, 1619 Luba st

Remarks,

8950007595

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

SAFETY FILM

RETURN OF A BIRTH. 65950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 11
4. *Place of Birth, (Street and Number)* 706 Albert St
5. *Full Name of Mother,* Liline Magdalen Zuch
6. *Mother's Maiden Name,* Liline M. [illegible] Gable
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Jacob Zuch
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 2847 Fenwick St

Remarks,

0750003596

Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same
been conferred) its sex, color, the full name
said schedule shall be delivered, duly signed
third day of each and every month to the
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child to report its birth to the Commissioner
any such person or persons who shall hereafter fail to comply with
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Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th ch

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W hite
3. *Date of Birth,* 9th 10th June 1895
4. *Place of Birth, (Street and Number)* No 115 Wilcox St
5. *Full Name of Mother,* Lizzie Mithick
6. *Mother's Maiden Name,* Lizzie Moore
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Mithick
9. *Father's Occupation* Brass Finisher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Ch. Lunn

Address, No 1059 Harford Ave

Remarks, Bal. Md.

6 9 5 0 / 8 9 0 3 5 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 11
4. *Place of Birth, (Street and Number)* 908 Franklin Road
5. *Full Name of Mother,* Sarah Randall
6. *Mother's Maiden Name,* Sarah Caldwell
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles Theodore Randall
9. *Father's Occupation* Gardner
10. *Father's Birthplace,* United States

Name of Medical Attendant, or other person who makes this Return, Marie I Pengry

Address, 1847 Lemvale st

Remarks,

8 9 5 0 0 0 3 5 9 8

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* June 11 1895
4. *Place of Birth, (Street and Number)* 522 Reese alley
5. *Full Name of Mother,* Emma Jane Stanton
6. *Mother's Maiden Name* Emma J Mcneill
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Daniel Ld Staten
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr Charlotte Williams

Address, 910 Leadenhall st

Remarks,

8950003599

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 6th (Twin)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, June 11
4. Place of Birth, (Street and Number) 1412 Argyle Ave
5. Full Name of Mother, Rebecca Kimmel
6. Mother's Maiden Name, " Kelley
7. Mother's Birthplace, Smithsburg Md
8. Full Name of Father, Jno M. Kimmel
9. Father's Occupation Butter Dealer
10. Father's Birthplace, Frederick Co Md.

Name of Medical Attendant, or other person who makes this Return, Arthur S Huck

Address, 644 N Lafayette Ave

Remarks,

8 9 5 0 0 0 3 6 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	the 12 of June 95
4. *Place of Birth, (Street and Number)*	1663 Harford Ave
5. *Full Name of Mother,*	Maggie Gaff
6. *Mother's Maiden Name,*	Maggie Mahn
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Gaff
9. *Father's Occupation*	Clothing Cutter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Wm. H. Lauer
Address,	No 1654 Harford Ave
Remarks,	Bal Md

6955 1895 3601

The Sexton shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 12th 93

4. Place of Birth, (Street and Number) 936 N. Baltimore St

5. Full Name of Mother, Theresa Lars " " Blume

6. Mother's Maiden Name, " " "

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Clement Lars

9. Father's Occupation Mattress Maker

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Minnie Graf

Address, 206 N Schroder St.

Remarks,

B 9 5 0 0 0 3 6 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office or the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 13 1895
4. *Place of Birth, (Street and Number)* 440 Hoffman St.
5. *Full Name of Mother,* Lizzie Lewis Risby
6. *Mother's Maiden Name,* Lizzie Lewis
7. *Mother's Birthplace,* Gloucester Co, Va.
8. *Full Name of Father,* Charles Risby
9. *Father's Occupation* Cook
10. *Father's Birthplace,* Anathews Co, Va.

Name of Medical Attendant, or other person who makes this Return, Sue Radcliff M D acting Resd Phys

Address, Maternité 440 N Hoffman St

Remarks,

8750003603

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d 1895
1. *Sex, (state whether male or female)*	female ~~light brown skin~~
2. *Race or Color, (if not of the white race)*	light brown skin
3. *Date of Birth,*	14 of June
4. *Place of Birth, (Street and Number)*	Orchard st 5 ~~6~~ 5
5. *Full Name of Mother,*	Hester Hinson
6. *Mother's Maiden Name,*	Hester Wilson
7. *Mother's Birthplace,*	south river Md
8. *Full Name of Father,*	James Hinson
9. *Father's Occupation*	Coachman
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return,	Lydia somerville
Address,	Clinton Ave
Remarks,	

8950003604

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or the person or parents of such attendance upon the mother, immediately the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Place of Birth,* 807 Edmondson ave
4. *Date of Birth, (Street and Number)* June 15th 1895
5. *Full Name of Mother,* Sallie E. Beuth
6. *Mother's Maiden Name,* " " Hasford
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William H. Beuth
9. *Father's Occupation* Butler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Geo. E. Gibbons M.D.

Address, 1102 W. Lafayette ave

Remarks,

0750003605

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-960L

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Grace Denhardt Swearer

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 15th -95-
4. Place of Birth, (Street and Number) 1701 E Townsend
5. Full Name of Mother, Linda Swearer
6. Mother's Maiden Name, Linda Denhardt
7. Mother's Birthplace, Balt
8. Full Name of Father, Wm Swearer
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Daniel V Moyer MD

Address, 1200 N Edmondson Balt

Remarks, GIVEN NAME ADDED 12-11-63

8 9 5 0 0 0 3 6 4 0 6

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Isebell. June 16th, 1895
4. Place of Birth, (Street and Number) 1626. W. Saratoga St
5. Full Name of Mother, Emma L Ziegler
6. Mother's Maiden Name, Eigh
7. Mother's Birthplace, Balto MD
8. Full Name of Father, Albert H. Zeigler
9. Father's Occupation, Barber
10. Father's Birthplace, Balto M.D.

Name of Medical Attendant, or other person who makes this Return Maggie C. Waters

Address, # 1328. W. Balto. St.

Remarks,

B 9 5 0 0 0 3 6 0 7

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred since the last preceding return, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been christened, the full name of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th 1895

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* 16 of june
4. *Place of Birth, (Street and Number)* 6 Hilliard st
5. *Full Name of Mother,* Josephine Gibson
6. *Mother's Maiden Name,* Josephine Mason
7. *Mother's Birthplace,* West Va
8. *Full Name of Father,* William F Gibson
9. *Father's Occupation* a driver of a firm
10. *Father's Birthplace,* Howard County Md

Name of Medical Attendant, or other person who makes this Return. Lydia Somerville

Address, 616 Clinton ave

Remarks,

B 7 5 0 0 0 3 6 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 17
4. *Place of Birth, (Street and Number)*	#505 Madeira Alley
5. *Full Name of Mother,*	Cunnicundun Cramer
6. *Mother's Maiden Name,*	Cunnicundun Cramer
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	George C Cramer
9. *Father's Occupation*	Stevedor
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary A Perlier
Address,	#241 S. Chester st
Remarks,	

8950003609

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of all births occurring within the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 17 1896.
4. *Place of Birth, (Street and Number)* 7 Orland st
5. *Full Name of Mother,* Katie Wall
6. *Mother's Maiden Name,* Little
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Wall
9. *Father's Occupation* Waterman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Schwartz

Address, 434 E Fort ave

Remarks,

0 7 5 0 0 0 3 6 1 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-965 c

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17th 1895
4. Place of Birth, (Street and Number) 305 N. Stricker St
5. Full Name of Mother, Ella Susan Berry
6. Mother's Maiden Name, " " Loving
7. Mother's Birthplace, Virginia
8. Full Name of Father, John Berry
9. Father's Occupation Clerk
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Jas. E. Gibbons M.D.

Address, 1102 W. Lafayette Ave

Remarks,

0 V 5 0 0 0 3 6 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65-966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 18th 1895
4. *Place of Birth, (Street and Number)* 1036 N Stricker St
5. *Full Name of Mother,* Sarah E Mackall
6. *Mother's Maiden Name,* Sarah E Jarrett
7. *Mother's Birthplace,*
8. *Full Name of Father,* Charles H mackall
9. *Father's Occupation,* Driving
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other person who makes this Return, Mrs Mitchell

Address, 1207 Smith St Baltimore md

Remarks,

B 7 5 0 0 0 3 6 1 2

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) George Henry ~~Pfeiffer~~ First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 15, 1895
4. Place of Birth, (Street and Number) 1513 N. Washington St.
5. Full Name of Mother, Julia Pfeiffer.
6. Mother's Maiden Name, Julia Hoffer
7. Mother's Birthplace, Pendsey Obama
8. Full Name of Father, George Pfeiffer
9. Father's Occupation ~~Baker~~ Barber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. Marthonet

Address, 1701 N. Carlin 8h

Remarks, GIVEN NAME ADDED 3-31-54

8950003613 ½ cm

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	June 18/95
4. *Place of Birth, (Street and Number)*	2355 E. Caroline
5. *Full Name of Mother,*	Mary A. Mannon
6. *Mother's Maiden Name,*	" Arthurs
7. *Mother's Birthplace,*	B.C.
8. *Full Name of Father,*	John J. Mannon
9. *Father's Occupation*	~~D.C.~~ R.R. Employe
10. *Father's Birthplace,*	B.C.
Name of Medical Attendant, or other person who makes this Return,	Geo. L. Dieterich
Address,	6 N. Bdy
Remarks,	8950003614

month, and shall set forth as far as the same can be ascertained the parents, the date and place of birth; and the been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 18th. 95.
4. *Place of Birth. (Street and Number)* 943 N. Lexington St.
5. *Full Name of Mother,* Lily N. Macy
6. *Mother's Maiden Name,* Lily N. Quigley
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Wm. Fiske S. Macy
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Pace. M.D.

Address, 1203 West Fayette St.

Remarks, 895.0003615

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 10-10-56

RETURN OF A BIRTH. 65970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

~~Atlanta~~ Gertrude E. Kidd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male & Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 18/ 95
4. Place of Birth, (Street and Number) 2013 Ridgewood Ave.
5. Full Name of Mother, Mrs Leroy Kidd
6. Mother's Maiden Name, Annie V. Mitten
7. Mother's Birthplace, Carroll Co Md.
8. Full Name of Father, Leroy E. Kidd
9. Father's Occupation Carpenter
10. Father's Birthplace, Frederick Co Md.

Name of Medical Attendant, or other person who makes this Return, E A Guest M.D.

Address, 2505 Penna Ave

Remarks, The birth was so sudden that both born when doctor arrived, attended by Mrs Nash of Ridgewood Ave

0750003611

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 15th

4. Place of Birth, (Street and Number) Jefferson Sta. Balto. City

5. Full Name of Mother, Louisa Gartart

6. Mother's Maiden Name, Louisa Stiehelm

7. Mother's Birthplace, Carroll Co. Md.

8. Full Name of Father, Thos. M. Lamart

9. Father's Occupation Salesman

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Margaret V. Kistel

Address, 53 Wilbert Ave. Balto Co.

Remarks,

1 8 7 5 0 0 0 3 6 1 7

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month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

65972

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. Sex, (state whether ~~male~~ or female) Helen Katherine Dell
2. Race or Color, (if not of the white race)
3. Date of Birth, June 18
4. Place of Birth, (Street and Number) 531 Bestman St
5. Full Name of Mother, Florence M. Dell
6. Mother's Maiden Name, " Hampson
7. Mother's Birthplace, Balto City
8. Full Name of Father, Thos M. Dell
9. Father's Occupation Book Keeper
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, John S. Huck

Address, 617 N Lafayette Ave.

Remarks, Full name added by mother.

Florence M. Dell, Mother

J. E. Weber - Reg.
July 12-1939

Wm. J. C. Dulany Co., City Printers and Stationers

Births which have occurred since the last return of the Office during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 19th 1895
4. *Place of Birth, (Street and Number)* 209 N. Fremont Ave
5. *Full Name of Mother,* Sarah O'Neal
6. *Mother's Maiden Name,* " Smith
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* William O'Neal
9. *Father's Occupation* Clerk.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Minnie Graf

Address,

Remarks,

B 7500037619

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born June 19th 1895
4. *Place of Birth, (Street and Number)*	#2000 W. Pratt St
5. *Full Name of Mother,*	Mrs. Kate. Strohmeier
6. *Mother's Maiden Name,*	Miss " Oppel
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	John. Strohmeier
9. *Father's Occupation*	Grocer.
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hiller
Address,	#2008 McH Henry St
Remarks,	

1 8 9 5 0 0 0 6 5 9 7 4 6 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

ascertained the full name of each child (if any shall have
upation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
r practicuer of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
h, in the manner and within the period above required, and
comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 19, 1895.
4. *Place of Birth, (Street and Number)* 410 Hoffman St.
5. *Full Name of Mother,* Eliza Sheppard
6. *Mother's Maiden Name,* Eliza Sheppard
7. *Mother's Birthplace,* Orange Co. Va.
8. *Full Name of Father,* Joseph Jackson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Orange Co, Va.

Name of Medical Attendant, or other person who makes this Return, Sue Radcliff M. D. acting Phys of

Address, Maternite' 410 N Hoffman St

Remarks,

8 9 5 0 0 0 3 6 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner the duty of midwifery, or should no other person be in attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14 Juni 1895
4. *Place of Birth, (Street and Number)*	Fulton Str 1307.
5. *Full Name of Mother,*	Lizzie Kennelly
6. *Mother's Maiden Name,*	" Müller
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Thomas Kennelly
9. *Father's Occupation*	Leder
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Lizzie Scheuffler
Address,	Fort Ave. No 1408.
Remarks,	

0 7 5 0 0 0 3 6 2 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 11-9-52

RETURN OF A BIRTH. 63977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Grace Bailey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. Sex, (state whether male or female) female Child
2. Race or Color, (if not of the white race) Colard child.
3. Date of Birth, January 18 1897
4. Place of Birth, (Street and Number) 6.10 principal alley
5. Full Name of Mother, Pollie Bailey age 22
6. Mother's Maiden Name, Pollie Hills
7. Mother's Birthplace, Essex Co. Va.
8. Full Name of Father, Sophis Bailey age 23
9. Father's Occupation, Common labor
10. Father's Birthplace, Essex Co Va.

Name of Medical Attendant, or other person who makes this Return, Carrie Reid.

Address, 4.12 Parrish alley

Remarks,

B 7 5 0 0 0 3 6 2 3

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

65-978

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White,

3. Date of Birth, 19 June 1895,

4. Place of Birth, (Street and Number) 2231 Guilford Ave,

5. Full Name of Mother, Alice D. Du Val,

6. Mother's Maiden Name, Tabb

7. Mother's Birthplace, Gloucester Co, Va,

8. Full Name of Father, Thaddeus E. Du Val,

9. Father's Occupation, Clerk

10. Father's Birthplace, Gloucester Co. Va,

Name of Medical Attendant, or other person who makes this Return. J. J. Ryle M.D.

Address, 1007 W. Fayette

Remarks,

1895000624

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 65-979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* June 19th 1895
4. *Place of Birth, (Street and Number)* 526 N. Biddle St.
5. *Full Name of Mother,* Martha Lee Martin
6. *Mother's Maiden Name,* " " Oliver
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Chas. H. Martin.
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return. H. T. Carr, Jr. M.D.

Address, 1062 Argyle Ave

Remarks,

8950003625

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 65980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th and 5th

1. *Sex, (state whether male or female)* Male & Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 20th 1895
4. *Place of Birth, (Street and Number)* 709 Scott St Balto Md
5. *Full Name of Mother,* Florence V. Schafer
6. *Mother's Maiden Name,* Florence V. Ordin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robt E L Schafer
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 29 N Payson St

Remarks, 8950003626

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 20 "
4. *Place of Birth, (Street and Number)* 155 Lansing St
5. *Full Name of Mother,* Eva Lorraine
6. *Mother's Maiden Name,* " Conley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Julius Lorraine
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs M Thomas

Address, 412 Scott St

Remarks,

B 9 5 0 0 0 3 6 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65-982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frederick Meier

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 20 - 95
4. *Place of Birth, (Street and Number)* Garrett Ave 1833
5. *Full Name of Mother,* Lina Meier
6. *Mother's Maiden Name,* Fries
7. *Mother's Birthplace,* New Ulm - Rhein Provinz
8. *Full Name of Father,* Friedrich Meier
9. *Father's Occupation* Hoedare
10. *Father's Birthplace,* Bremen

Name of Medical Attendant, or other person who makes this Return, Johanna Jonske Garrett Ave 1869

Address, 12-1-53

Remarks, GIVEN NAME ADDED.

8 2 5 0 0 0 3 6 2 8 M

Wm. J. C. Dulany Co., City Printers and Stationers.

Every child born within the State shall have the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd & 4th

1. Sex, (state whether male or female) White female twins

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 20, 1895

4. Place of Birth, (Street and Number) 410 Hoffman St.

5. Full Name of Mother, Mary Davis Cooper

6. Mother's Maiden Name, Mary Davis

7. Mother's Birthplace, Alexandria Va

8. Full Name of Father, Hyfield Patterson

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Sue Radcliff M.D acting Resident Phys at

Address, Maternité 410 W. Hoffman

Remarks,

8950003629

Wm. J. C. Dulany Co., City Printers and Stationers.

ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65-984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 21st 1895
4. *Place of Birth, (Street and Number)* 309 Stockton St. South
5. *Full Name of Mother,* Christiana Faust
6. *Mother's Maiden Name,* " " Storm
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William F. Faust
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Minnie Graf

Address, 2069 N. Schroder, ST

Remarks,

1895 0 0 0 3 6 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Mail
2. *Race or Color, (if not of the white race)* Colud
3. *Date of Birth,* June 21
4. *Place of Birth, (Street and Number)* 13 W York St Balto
5. *Full Name of Mother,* Sarah Williams
6. *Mother's Maiden Name,* Sarah Nichols
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Thomas Williams
9. *Father's Occupation* oyster shucker
10. *Father's Birthplace,* Christfield

Name of Medical Attendant, or other person who makes this Return, Mary Maher

Address, 11 W York St

Remarks,

8950003631

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Girl

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 21st 1895

4. *Place of Birth, (Street and Number)* 1471 Towson Street.

5. *Full Name of Mother,* Flora C. May Brittingham Wonders

6. *Mother's Maiden Name,* Baltimore

7. *Mother's Birthplace,* John P. Brittingham

8. *Full Name of Father,* Workingman

9. *Father's Occupation* Baltimore

10. *Father's Birthplace,* Carrie Schwartz

Name of Medical Attendant, or other person who makes this Return, 734 E Fort ave.

Address,

Remarks,

0750003632

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 65987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	June 22 1895
4. *Place of Birth, (Street and Number)*	1920 Druid Hill Ave.
5. *Full Name of Mother,*	Anna Estelle Smith.
6. *Mother's Maiden Name,*	" Askew.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Judson H. Smith.
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Jno. F. Powell M.D.
Address,	2124 St. Paul St.
Remarks,	Child Vigorous.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 65-988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* June 22 - 1895
4. *Place of Birth, (Street and Number)* 1113 Mason's al.
5. *Full Name of Mother,* Addie Banks
6. *Mother's Maiden Name,* " Walker
7. *Mother's Birthplace,* Charlottesville Va.
8. *Full Name of Father,* Joseph Banks
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Sue Radcliff M.D.

Address, Acting Resident Phys 410 Hoffman St

Remarks,

8950003634

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) Colored
3. *Date of Birth*, June 22
4. *Place of Birth*, (*Street and Number*) 136 Amiens alley
5. *Full Name of Mother*, Mary J Lucas
6. *Mother's Maiden Name*, Mary J Legrand
7. *Mother's Birthplace*, Fredericksburg Va
8. *Full Name of Father*, Geo Legrand
9. *Father's Occupation*, Laborer
10. *Father's Birthplace*, Kentucky

Name of Medical Attendant, or other person who makes this Return, Mary Drake

Address, 11 W York st

Remarks,

1 8 7 5 0 0 3 6 3 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and the said schedule shall be delivered, duly signed by the person or parents, of such child to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 65990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Girl child
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* June 23 1895
4. *Place of Birth, (Street and Number)* 1143 Division st City
5. *Full Name of Mother,* annie Washington
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Jarvis Myres
9. *Father's Occupation,* washing arning
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks, Charlotta Goldsmith

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 24 th 95.

4. *Place of Birth, (Street and Number)* 2106 Eagle st.

5. *Full Name of Mother,* Helen Forney

6. *Mother's Maiden Name,* Helen Comberlman

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Geo. W. Forney

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Henry C. Price. M.D.

Address, 1203 W Fayette st

Remarks, 6950003637

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mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 1st 1895
4. *Place of Birth, (Street and Number)* 20 S Eden St
5. *Full Name of Mother,* Bella Klavansky
6. *Mother's Maiden Name,* Cohen
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jacob Klavansky
9. *Father's Occupation* Coal yard keeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs J. Klavansky

Address, 1013 E Lombard St

Remarks, 6750003638

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd "

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 4th 95

4. *Place of Birth, (Street and Number)* #1018 N. Mount St

5. *Full Name of Mother,* Maggie May Mathison

6. *Mother's Maiden Name,* Maggie May Hurley

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* David J. Mathison

9. *Father's Occupation* Clerk

10. *Father's Birthplace,* Buffalo N. Y.

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, #1337 Hatcoat St.

Remarks, 8950003639

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 4th 1895
4. *Place of Birth, (Street and Number)* 1429 E. Baltimore St
5. *Full Name of Mother,* Hannah Sabastiwitz
6. *Mother's Maiden Name,* Hannah Katz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Charley Sabastiwitz
9. *Father's Occupation* Cloaks maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Mrs. Dr. Feldsman

Address, 1018 E. Lombard St.

Remarks,

8950003640

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 65995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colard

3. *Date of Birth,* 9th of June — 1895 —

4. *Place of Birth, (Street and Number)* 1121 Division st

5. *Full Name of Mother,* Annie Almira Hall.

6. *Mother's Maiden Name,* Annie . . . Butler

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* James E. Hall.

9. *Father's Occupation,* Janitor

10. *Father's Birthplace,* West River

Name of Medical Attendant, or other Person who makes this Return. Charlotte G. Goldsborough

Address,

Remarks,

1895 0065995

Every Physician or Midwife in attendance upon a birth, and the parent or parents, or householder, shall, within ten days after the birth, report to the Office of the Commissioner of Health, the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65996 v

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 12th June

4. *Place of Birth, (Street and Number)* 839 Mangold Street

5. *Full Name of Mother,* Mary E Bruchey

6. *Mother's Maiden Name,* Mary E Mannimastas

7. *Mother's Birthplace,* Frederick, County, Md

8. *Full Name of Father,* George D. Bruchey

9. *Father's Occupation* Baltimore City Md

10. *Father's Birthplace,* Driver

Name of Medical Attendant, or other person who makes this Return, A. M. Bischoff

Address, 829 Columbia Ave.

Remarks,

[redacted] 6995 0003642

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 13, 1895
4. *Place of Birth, (Street and Number)* 177 E Lanvale St
5. *Full Name of Mother,* Bessie Zylender
6. *Mother's Maiden Name,* Bessie Klavansky
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Harris Zylender
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Mrs J. Klavansky

Address,

Remarks, 6995003643

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 14th 1875
4. *Place of Birth, (Street and Number)* Wagon at Balto City Jail
5. *Full Name of Mother,* Laura Brice
6. *Mother's Maiden Name,* Laura Malden
7. *Mother's Birthplace,* St Marys Co Md
8. *Full Name of Father,* Abram Brice
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* St Marys Co Md

Name of Medical Attendant, or other person who makes this Return, Marsh Jones

Address, 1337 Whalen St

Remarks, 8 9 5 0 0 0 3 6 4 1

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8. Child.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 14th. 1895.
4. *Place of Birth, (Street and Number)* Baltimore, No 1000, Hollins. Str.
5. *Full Name of Mother,* Mary, Anna, Wiegard.
6. *Mother's Maiden Name,* Mary, Anna, Blum.
7. *Mother's Birthplace,* Catonsville, Balto, Co.
8. *Full Name of Father,* Charles, Wiegard,
9. *Father's Occupation* Labor,
10. *Father's Birthplace,* Philadelphia, Pa.

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 22 d Pennsylvania Ave

Remarks, 0950003645

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 te Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	14 Juni 1895.
4. *Place of Birth, (Street and Number)*	Andre str 1305
5. *Full Name of Mother,*	Laura Nøst.
6. *Mother's Maiden Name,*	f. Hamer.
7. *Mother's Birthplace,*	c Norwegen
8. *Full Name of Father,*	Axel Nøst.
9. *Father's Occupation*	Ingenier.
10. *Father's Birthplace,*	Norwegen
Name of Medical Attendant, or other person who makes this Return,	Lizzie Scheffler.
Address,	Fort Ave 1208
Remarks,	

0750003646

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, or should any such person or persons who shall hereafter fail to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	17th Juni 1895
4. *Place of Birth, (Street and Number)*	Richhardt Str 1731.
5. *Full Name of Mother,*	Babetha Bohle.
6. *Mother's Maiden Name,*	" Thaler.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Otto Bohle
9. *Father's Occupation*	Baeker.
10. *Father's Birthplace,*	Germanye.
Name of Medical Attendant, or other person who makes this Return,	Lizzie Schaeffler
Address,	Fort Ave No 1708.
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White Race.
3. Date of Birth, 18 October 1899.
4. Place of Birth, (Street and Number) No 1139 Baker Street
5. Full Name of Mother, Mrs Indie Owens Kelly
6. Mother's Maiden Name, Miss Indie Kelly
7. Mother's Birthplace, Baltimore Maryland.
8. Full Name of Father, William Thomas Owens
9. Father's Occupation Driver.
10. Father's Birthplace, Baltimore Maryland.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bishop.

Address, No 829 Columbia Avenue

Remarks,

0 9 5 0 0 0 3 6 4 8

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...cupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66003

GIVEN NAME ADDED 6/28/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Leonard ~~Stauffer~~ Third

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) June 1st

3. Date of Birth, 811 James Lane

4. Place of Birth, (Street and Number) Fannie E. Stauffer

5. Full Name of Mother, " Annual

6. Mother's Maiden Name, Indiana

7. Mother's Birthplace, Jos K. Stauffer

8. Full Name of Father, Saloon

9. Father's Occupation Kenly Co. Md

10. Father's Birthplace, P. A. Caneth M.D.

Name of Medical Attendant, or other person who makes this Return

Address, 1243 N. Broadway Balto Md

Remarks, 8950007647

The Schedule shall contain a list of the names of each child, (if any shall have been born,) of the mother, and shall set forth as far as the same can be ascertained the full name of each child; and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the period above required, and it shall be the duty of the Commissioner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 4th 1895
4. *Place of Birth, (Street and Number)* 844 N. Howard St.
5. *Full Name of Mother,* Annie Dorsch
6. *Mother's Maiden Name,* " O'Neal
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John Dorsch
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, J. B. Gardner

Address, 424 N. Gallows St

Remarks, 8 9 5 0 0 0 3 6 5 0

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Over

RETURN OF A BIRTH. 66015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) male — Lawrason Eldredge Sellers

2. Race or Color, (if not of the white race)

3. Date of Birth, June 6th 1895

4. Place of Birth, (Street and Number) #600 N. Fulton Avenue,

5. Full Name of Mother, Annie E. Sellers,

6. Mother's Maiden Name, Annie E. Whiteman

7. Mother's Birthplace, Lock Haven, Pa.

8. Full Name of Father, Joseph E. Sellers,

9. Father's Occupation Bookkeeper

10. Father's Birthplace, Prince Frederick, Md

Name of Medical Attendant, or other person who makes this Return, Dr. Wm H Barnes,

Address, #1525 W. Lanvale St.

Remarks, The mother very small and frail. The baby large and beautifully developed and in excellent condition. Labor unusually easy & short of only 4 hours duration, but long retention of placenta 3 hrs. Dr. attended with no bad results.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of each and every person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

one

RETURN OF A BIRTH. 66116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edwin ~~Chandler~~ Newman 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8th 95
4. Place of Birth, (Street and Number) 867 W. Fayette St.
5. Full Name of Mother, Emma J. Newman
6. Mother's Maiden Name, " " Boop
7. Mother's Birthplace, Md
8. Full Name of Father, Robert J. Newman
9. Father's Occupation Merchant
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J. B. Gardner

Address, 424 N. Greene St.

Remarks, One of Twins - both boys - one still born - 95000365 2

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The full name of each child, (if any shall have been conferred,) its sex, color, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of their marriage, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 10th 1895
4. Place of Birth, (Street and Number) 710 E. Pratt st.
5. Full Name of Mother, Mary Corcannon
6. Mother's Maiden Name, Ireland
7. Mother's Birthplace, John Corcannon
8. Full Name of Father, Saloon-keeper
9. Father's Occupation Ireland
10. Father's Birthplace, Mrs G. Bernstein

Name of Medical Attendant, or other person who makes this Return, 122 S. Exeter st.

Address,

Remarks,

1 8750003653

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 8th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 13 of June 1895
4. *Place of Birth, (Street and Number)*	No 610 E. Biddle St
5. *Full Name of Mother,*	Kate Liddle
6. *Mother's Maiden Name,*	Kate Loetsch
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Joseph Liddle
9. *Father's Occupation*	Mabel Maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Jno C. H. Slaven
Address,	No 1054 Harford Ave
Remarks,	Balt Md

0750000 6/5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 14th 1895
4. *Place of Birth, (Street and Number)* 813 Grundy st.
5. *Full Name of Mother,* Mary Paletar
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* John Paletar
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter St.

Remarks,

0 9 5 0 0 6 7 6 5 5

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...shall be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 15th 1895
4. Place of Birth, (Street and Number) 228 Granby st.
5. Full Name of Mother, Hildegard Bibl
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Alois Bibl
9. Father's Occupation Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

B 7500073656

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 17 1895
4. *Place of Birth, (Street and Number)* No. 316 Ramsay Alt
5. *Full Name of Mother,* Kate Wannenwetsch
6. *Mother's Maiden Name,* Kate Ritter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Wannenwetsch
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1895 0003657

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GIVEN NAME ADDED 6-6-58

RETURN OF A BIRTH. 66012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Dora Cohn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17/95
4. Place of Birth, (Street and Number) 39 Loyd St
5. Full Name of Mother, Fannie ~~Hyman~~ Cohn
6. Mother's Maiden Name, Fannie Hyman
7. Mother's Birthplace, Russia
8. Full Name of Father, Myer Cohn
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rose Fenberg

Address, 27 Loyd st.

Remarks,

8750003653

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 17th 1895
4. *Place of Birth, (Street and Number)* 1609 E Baltimore st.
5. *Full Name of Mother,* Anna Silberman
6. *Mother's Maiden Name,* " Bronson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Tauchan Silberman
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

0 9 5 0 0 3 6 5 9

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RETURN OF A BIRTH. 66014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 17th 1895
4. *Place of Birth, (Street and Number)* Harrison st.
5. *Full Name of Mother,* Hannah Michelson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Moses Michelson
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

1895 0 0 0 3 6 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

the full name of each child, if any shall have
as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the
in the form of a certificate between the first and
sioner of Health. In case the birth of any child
of midwifery, or should no other person be in
e of the person or parents of such
become the duty, of the person or parents of such
manner and within the period above required, and
with the provisions of this section shall be sub-
ered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* June 11 1895
4. *Place of Birth, (Street and Number)* Perry st 309
5. *Full Name of Mother,* Mennrah Jones
6. *Mother's Maiden Name,* Mennrah Brown
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charley Brown
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Hertentown

Name of Medical Attendant, or other person who makes this Return, Samrah Jane Hamilton

Address, 134 west Hurry st

Remarks, full 9 months

0750003661

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 19/95
4. *Place of Birth, (Street and Number)* 9 Little Front St.
5. *Full Name of Mother,* Sarah Silberstein
6. *Mother's Maiden Name,* Sarah Jacke
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Samil Silberstein
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finberg

Address, 27 Loyd St.

Remarks,

0 7 5 0 0 0 3 6 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 20th 1895.
4. Place of Birth, (Street and Number) #610 S. Patterson Pk. Ave. Balto Md.
5. Full Name of Mother, Caroline McKenna.
6. Mother's Maiden Name, Caroline Mikeel.
7. Mother's Birthplace, Philadelphia Pa.
8. Full Name of Father, William A. McKenna.
9. Father's Occupation, Laborer.
10. Father's Birthplace, West Moland Va.

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary M. Taylor.

Address, #615 S. Patterson Pk. Ave.

Remarks,

8950003663

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 20th 1896

4. Place of Birth, (Street and Number) 206 Pearl St.

5. Full Name of Mother, Kate Apple

6. Mother's Maiden Name, " Stindler

7. Mother's Birthplace, Bavaria

8. Full Name of Father, Soloman Apple

9. Father's Occupation Merchant

10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other person who makes this Return, F. B. Gardner

Address, 424 N. Greene St.

Remarks, 5950003664

Wm. J. C. Dulany Co., City Printers and Stationers

Month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recoverable. to be recovered as other fines and forfeitures are recoverable.

66019

RETURN OF A BIRTH.

GIVEN NAME ADDED 2-28-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Lena 7th

1. Sex, (state whether male or female) ~~White~~ Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20 1895
4. Place of Birth, (Street and Number) 1118 Law St.
5. Full Name of Mother, Rebecca Goldberg
6. Mother's Maiden Name, Rebecca Boon
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Goldberg
9. Father's Occupation Salesman
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Feinberg

Address, 27 Loyd St.

Remarks,

BV5003665

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

66120

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 21/95
4. *Place of Birth, (Street and Number)* 13 E. Fort ave
5. *Full Name of Mother,* Ida Jane Conn
6. *Mother's Maiden Name,* Ida Jane Lynch
7. *Mother's Birthplace,* Balto city
8. *Full Name of Father,* William S. Conn
9. *Father's Occupation* Glass Worker
10. *Father's Birthplace,* Balto city

Name of Medical Attendant, or other person who makes this Return, E. Michaux M.D.

Address, 411 S. Sharp st

Remarks,

07S0003666

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 21 / 95
4. *Place of Birth, (Street and Number)* 732 Little Front St
5. *Full Name of Mother,* Sarah Cohn
6. *Mother's Maiden Name,* Sarah Bilskey
7. *Mother's Birthplace,* Russia
8. *Full Name of Father* Simon Cohn
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finberg

Address, 27 Loyd St.

Remarks,

0750003667

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. Be it enacted by the General Assembly of Maryland, That the Board of Health of Baltimore City shall cause to be recorded in a book or books to be provided for that purpose, the name of each child born in Baltimore City, if any shall have been ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 22nd

4. Place of Birth, (Street and Number) #26 S. Durham St.

5. Full Name of Mother, Caroline Seifert

6. Mother's Maiden Name, Caroline Herrick

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, George Seifert

9. Father's Occupation, Labour

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary E. Taylor.

Address, # 615 S. Patterson Park Ave.

Remarks,

8750003668

Wm J C. Dulany Co., City Printers and Stationers.

C

RETURN OF A BIRTH 66623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (State whether male or female) Male.
2. Race or color, (if not of the white race) White.
3. Date of Birth, June 22d
4. Place of Birth, (Street and Number) 204 W Mulberry St
5. Full Name of Mother, Pauline Jendric. Westfall
6. Mother's Maiden Name, "
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Jendric
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. W. P. Morgan M.D.

Address, 316 W Monument St.

Remarks, 8950003669

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 66034 over 4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - William Harrison Elgert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 22nd 1895
4. *Place of Birth, (Street and Number)* 905 N Shirley st
5. *Full Name of Mother,* Lina Elgert
6. *Mother's Maiden Name,* Lina Harrison
7. *Mother's Birthplace,* Accomac Co Va
8. *Full Name of Father,* John W Elgert
9. *Father's Occupation* Expressman
10. *Father's Birthplace,* Balto old

Name of Medical Attendant, or other person who makes this Return, Dr Wm Harrison

Address, 2312 Pennsylvania Ave

Remarks,

8950003670

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner or person in attendance, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Thomas C. Kroder

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 22 of June 1895
4. *Place of Birth, (Street and Number)* 2nd Floor E. Biddle St
5. *Full Name of Mother,* Kate Kroder
6. *Mother's Maiden Name,* Kate Lahr
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Kroder
9. *Father's Occupation* Carriage Trimmer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Kate Lahr

Address, No 059 Harford Ave Bal Md

Remarks, 8950033671

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* W.

3. *Date of Birth,* June 23 / 95

4. *Place of Birth, (Street and Number)* 232 S. Columbus

5. *Full Name of Mother,* Susan C. Priddle

6. *Mother's Maiden Name,* " " Winters

7. *Mother's Birthplace,* B. C

8. *Full Name of Father,* Geo. C. Priddle

9. *Father's Occupation* Merchant

10. *Father's Birthplace,* B. C.

Name of Medical Attendant, or other person who makes this Return. Geo. L. Winters

Address, 6 W. Bay

Remarks,

, 8 7 5 0 0 0 3 6 7 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 66137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 23d
4. Place of Birth, (Street and Number) 719 Durham St
5. Full Name of Mother, Lillian L. Hankins.
6. Mother's Maiden Name, not married
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Robert Henry Clark.
9. Father's Occupation Laborer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 419 Lewis St

Remarks, Doing Well. as can expect.

8 7 5 0 0 0 3 6 7 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Name: John Michael Stait

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, June 23/95
4. Place of Birth, (Street and Number) 2318 E. Pratt
5. Full Name of Mother, Elizabeth R. Stait
6. Mother's Maiden Name, " " Doherty
7. Mother's Birthplace, B.C.
8. Full Name of Father, John M. Stait
9. Father's Occupation Locksmith
10. Father's Birthplace, B.C.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Wiltens

Address, 6 N. Bay

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	June 23/95
4. *Place of Birth, (Street and Number)*	2318 E. Dayton
5. *Full Name of Mother,*	Elizabeth R. Stait
6. *Mother's Maiden Name,*	" " Flaherty
7. *Mother's Birthplace,*	B.C.
8. *Full Name of Father,*	Colin M. Stait
9. *Father's Occupation*	Locksmith
10. *Father's Birthplace,*	B.C.
Name of Medical Attendant, or other person who makes this Return,	Geo. L. Wilkins
Address,	6 N. Bay
Remarks,	

8950003674

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

amw

RETURN OF A BIRTH. 66129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th.

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 23, 1895
4. *Place of Birth, (Street and Number)* 136 Randall st.
5. *Full Name of Mother,* Mary (~~Hastup~~) Haslup (~~Rogers~~) Rogers
6. *Mother's Maiden Name,* Baltimore
7. *Mother's Birthplace,* Frankland (France) (~~Hastup~~) Haslup
8. *Full Name of Father,* Workman
9. *Father's Occupation* Baltimore
10. *Father's Birthplace,* Carolne Schwartz

Name of Medical Attendant, or other person who makes this Return,

Address, 434 E Fort ave

Remarks,

8750003675

Wm. J. C. Dulany Co,. City Printers and Stationers.

...birth of each child, it any shall have ...ascertained, the full name as near as the same can be ascertained, the date and place of birth; and the ...upation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner in case the birth of any child ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...or practicner of midwifery, or should no other person be in ...shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 23 1895
4. *Place of Birth, (Street and Number)* 603 N. Caroline St
5. *Full Name of Mother,* Jocada Umlauf
6. *Mother's Maiden Name,* Jocada McElwee
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John A Umlauf
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Adolph E Eisenberg A.B. M.D

Address, N. E Cor Bank and Wolfe Sts

Remarks,

6 7 5 0 0 0 3 6 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66031 C

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 23. 1895
4. *Place of Birth, (Street and Number)* Waverly Bradley Ct
5. *Full Name of Mother,* Lucy Smith
6. *Mother's Maiden Name,* Jenny Jackson
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Fredrick Smith
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, 108 Talbot St Waverly Balto City

Remarks, Visit

0 7 5 0 0 0 3 6 7 7

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st &

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 23d '96
4. *Place of Birth, (Street and Number)* 609 E. Balto St.
5. *Full Name of Mother,* Rachael Gines
6. *Mother's Maiden Name,* " Frankfeter
7. *Mother's Birthplace,* Danville Va
8. *Full Name of Father,* Max Gines
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, J. B. Gardner

Address, 424 N. Greene St.

Remarks,

8950003678

Wm. J. C. Dulany Co., City Printers and Stationers

66133

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 23/95
4. *Place of Birth, (Street and Number)* 854 E Pratt St.
5. *Full Name of Mother,* Rebecca Freedlander
6. *Mother's Maiden Name,* Rebecca Horowitz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Sam. Freedlander
9. *Father's Occupation* Teacher
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fasiburg

Address, 27 Loyd St.

Remarks,

8750003679

Wm. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 2 d 1895
4. *Place of Birth, (Street and Number)* 322 S. Wolfe St
5. *Full Name of Mother,* Emma Curry
6. *Mother's Maiden Name,* Emma Miller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Curry
9. *Father's Occupation* Motor maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Adolph C. Eisenberg A.B. M.D.

Address, N. E. Cor. Bank and Wolfe Sts

Remarks,

8750003680

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 5-13-49 — GIVEN NAME ADDED 5-13-49

RETURN OF A BIRTH. 66135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Augustus Kratz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d and 3d
1. Sex, (state whether male or female)	Twin - males
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 23 ~~24~~th '95
4. Place of Birth, (Street and Number)	606 W. Lemmon St.
5. Full Name of Mother,	Wilhelmina Kratz
6. Mother's Maiden Name,	Meyer Weyer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Frank P. Kratz
9. Father's Occupation	Engine Dispatcher
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Thomas Opie M.D.
Address,	219 W. Monument St
Remarks,	8950003681

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 66136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (~~if not~~ of the white race) White
3. *Date of Birth,* June 24 - 1895 (2.15 P. M.)
4. *Place of Birth,* (Street and Number) 113 W. Saratoga St
5. *Full Name of Mother,* Mary A. Clifford
6. *Mother's Maiden Name,* Mary A Beattie
7. *Mother's Birthplace,* New York City
8. *Full Name of Father,* Ray B. Clifford
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, Chas. W. Harvey

Address, 111 W. Saratoga St.

Remarks,

8 9 5 0 0 0 3 6 8 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 24 of June 1895
4. *Place of Birth, (Street and Number)* No 1234 East Oxford St
5. *Full Name of Mother,* Mary E. Harrison
6. *Mother's Maiden Name,* Mary E. Glass
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel Harrison
9. *Father's Occupation* Paper Hanger
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Lil. Lasus

Address, No 1067 Harford Ave

Remarks, Baltimore Md

8750003683

1895

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 st

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 25. 1896
4. *Place of Birth, (Street and Number)* 413 Uhrage
5. *Full Name of Mother,* Lily Junker
6. *Mother's Maiden Name,* Sydmers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Junker
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Schwartz

Address, 434 E. Fort ave

Remarks,

8950003684

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can

RETURN OF A BIRTH. 66139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 27 th 1895
4. *Place of Birth, (Street and Number)*	1746 E. Oliver St.
5. *Full Name of Mother,*	Mary V. Hardy
6. *Mother's Maiden Name,*	" " Jordan
7. *Mother's Birthplace,*	B. C.
8. *Full Name of Father,*	Saml. F. Hardy
9. *Father's Occupation*	Salesman
10. *Father's Birthplace,*	B. C.
Name of Medical Attendant, or other person who makes this Return,	Geo. L. Dietrich
Address,	6 N. Bond
Remarks,	

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Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 66140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 25, 1893
4. *Place of Birth, (Street and Number)* 1555 Newington Place
5. *Full Name of Mother,* Elizabeth C. Smith
6. *Mother's Maiden Name,* Elizabeth C Kaus
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Jno. Smith
9. *Father's Occupation,* House Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, M. McLean Yost M.D.

Address, 1231 Argyle ave

Remarks,

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...ascertained the full name of each child, (if any shall have ...) its parents, the date and place of birth; and the ...ioner in the form of a certificate between the first and ...Commissioner of Health. In case the birth of any child ...or practitioner it shall become the duty of the person or parents of such ...after required, and ...ediately thereafter, in the manner and within the period above required, and ...Commissioner of Health, in the manner and within the provisions of this section shall be sub- ...who shall hereafter fail to comply with the provisions of this section shall be sub- ...for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 66041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 25 1895
4. *Place of Birth, (Street and Number)* 1011 Granby St.
5. *Full Name of Mother,* Jennie Bradenbek Earp
6. *Mother's Maiden Name,* Jennie Bradenbek
7. *Mother's Birthplace,* Norway
8. *Full Name of Father,* E. A. Earp
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return, W. McLean Yost M.D.

Address, 1231 Argyle ave

Remarks,

0 9 5 0 0 0 3 6 8 7

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...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25 - 93
4. Place of Birth, (Street and Number) Hull Street 1413
5. Full Name of Mother, Clara Bramall
6. Mother's Maiden Name, Braens
7. Mother's Birthplace, Staffiches - England
8. Full Name of Father, John Bramall
9. Father's Occupation Potter
10. Father's Birthplace, Staffiches - England

Name of Medical Attendant, or other person who makes this Return, Johanna Jaxske

Address, Garrett Doc 1502

Remarks,

8950003688

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 25 95
4. *Place of Birth, (Street and Number)* 1317 Monument Ave
5. *Full Name of Mother,* Annie E. Grotty
6. *Mother's Maiden Name,* Annie E. Sullivan
7. *Mother's Birthplace,* Richmond Va.
8. *Full Name of Father,* John J. Grotty
9. *Father's Occupation* Agent
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, C. Eastlick M.D.

Address, 1201 N. Broadway

Remarks, Born C. P. W.

845U003689

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored.

3. *Date of Birth,* June 2nd 95.

4. *Place of Birth, (Street and Number)* Maternité. 113+115 N. Lombard St.

5. *Full Name of Mother,* Mary Lewis

6. *Mother's Maiden Name,* Mary Lewis

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Chas. Emil Brack M.D.

Address, 113+115 N. Lombard St.

Remarks,

8750003690

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

66045

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 3d 95.

4. *Place of Birth, (Street and Number)* Maternité. 113+115 N. Lombard St.

5. *Full Name of Mother,* Maggie Tracy

6. *Mother's Maiden Name,* Maggie Tracy.

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Chas. Emil Brack M.D.

Address, 113+115 N. Lombard St.

Remarks,

8950003691

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been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 5/95

4. *Place of Birth, (Street and Number)* Waterside. 113+115 N. Lombard St.

5. *Full Name of Mother,* Jennie Bond

6. *Mother's Maiden Name,* Jennie Bond

7. *Mother's Birthplace,* Maryland.

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Chas. Emil Brack M. D

Address, 113+115 N. Lombard St.

Remarks,

· 8950003692

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

KODAK

RETURN OF A BIRTH. 66047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 14 95
4. Place of Birth, (Street and Number) Maternity 113+115 N. Lombard.
5. Full Name of Mother, Ida Crouch
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Chas. Emil Brack M.D.

Address, 113+115 N Lombard St

Remarks. Premature birth. about sixth month.
Mother had chronic endocarditis & nephritis.

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be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 10th/95
4. *Place of Birth, (Street and Number)* Maternity 113+115 N. Lombard St
5. *Full Name of Mother,* Lizzie Sampson
6. *Mother's Maiden Name,* Lizzie Sampson
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Chas. Emil Brack M.D.

Address, 113+115 N. Lombard St.

Remarks,

8450003694

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 13th/95
4. *Place of Birth, (Street and Number)* Maternity 113+115 N. Lombard St.
5. *Full Name of Mother,* Alice Thompson
6. *Mother's Maiden Name,* Alice Thompson
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Chas. Emil Brack M.D.

Address, 113+115 N. Lombard St.

Remarks,

8950003695

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 14/95
4. *Place of Birth, (Street and Number)* Baltimore 113+115 N. Lombard St.
5. *Full Name of Mother,* Lillie Hope
6. *Mother's Maiden Name,* Lillie Hope
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Chas. Ezell Brack M.D

Address, 113+115 N. Lombard St.

Remarks,

8950003696

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 14th 95
4. *Place of Birth, (Street and Number)*	Maternity 113+115 N. Lombard St.
5. *Full Name of Mother,*	Annie N. White
6. *Mother's Maiden Name,*	Annie White
7. *Mother's Birthplace,*	North Carolina
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Chas. Emil Brack Jr. M.D.
Address,	113+115 N. Lombard St.
Remarks,	

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Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 16/95
4. Place of Birth, (Street and Number) Waterside 113+115 N. Lombard St.
5. Full Name of Mother, Carrie Robinson
6. Mother's Maiden Name, Carrie Robinson
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Chas. Emil Brack M.D.

Address, 113+115 N. Lombard

Remarks,

8750003698

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 19th 1895
4. *Place of Birth, (Street and Number)*	Residence 113+115 Lombard St.
5. *Full Name of Mother,*	Salvia Reed
6. *Mother's Maiden Name,*	Salvia Reed
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace.*	
Name of Medical Attendant, or other person who makes this Return,	Chas. E Brack M.D.
Address,	113+115 N. Low Lard St
Remarks,	

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6600 54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* June 21/95

4. *Place of Birth, (Street and Number)* Maternity 113+115 N. Lombard

5. *Full Name of Mother,* Martha Truitt

6. *Mother's Maiden Name,* Martha Truitt

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Chas. E. Brack M.D.

Address, 113 & 115 N. Lombard

Remarks,

8 7 5 0 0 0 3 7 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

...ed the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 11
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1st of June 95
4. *Place of Birth, (Street and Number)*	No 10 London Av
5. *Full Name of Mother,*	Theresa Blunt
6. *Mother's Maiden Name,*	Schaal
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wilhelm Blunt
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Henker Midwife
Address,	2116 W. Pratt St.
Remarks,	

0 7 5 0 0 0 3 7 0 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 9-16-55

RETURN OF A BIRTH. 66056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elsie Marie ~~Mitchell~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 b Colored

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 1 1955
4. *Place of Birth, (Street and Number)* 821 Hollins St
5. *Full Name of Mother,* Viola Mitchell
6. *Mother's Maiden Name,* Stafford
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* John W. Mitchell
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Wm E. K. Brooks

Address, 828 Lytle St

Remarks, Home Case

8 9 5 0 0 0 3 7 0 2

Wm J. C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, if any shall have been born alive (and if dead as far as the same can be ascertained) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 June 1885
4. *Place of Birth, (Street and Number)* 130 E Barney st
5. *Full Name of Mother,* Mary E Bolf
6. *Mother's Maiden Name,* Finnigan
7. *Mother's Birthplace.* Germany
8. *Full Name of Father,* Fred Bolf
9. *Father's Occupation,* Shoe Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm E B Brooks

Address, 1823 Lyon st

Remarks, Dang Well

B 7 5 0 0 0 3 7 0 3

been conferred) its sex, color, the full name of each child, (if any shall have
the same can be ascertained) the full name of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health; and the
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of any child
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66058

GIVEN NAME ADDED 5-22-57 [redacted]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Catherine ~~Cecilia~~ Young

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 1857
4. *Place of Birth, (Street and Number)* 82 Eutaw
5. *Full Name of Mother,* Louisa Young
6. *Mother's Maiden Name,* Finlayson
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Young
9. *Father's Occupation,* Tailor Waiter
10. *Father's Birthplace,* Boston

Name of Medical Attendant, or other person who makes this Return, Wm C Fr Brooks

Address, 82 Eutaw St

Remarks, Colored

E 7 5 0 0 0 3 7 0 4

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66059

NAME ADDED 1/18/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: WALTER WESLEY FISCHER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 1st 1905
4. *Place of Birth, (Street and Number)* 1020 Greendale Ave
5. *Full Name of Mother,* Ida G Fischer
6. *Mother's Maiden Name,* Ida G Colwell
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry C Fischer
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E M Brooks

Address, 822 Lake Ave

Remarks, Dec Well

8750003705

Wm J C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 1895

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 2d 1895
4. *Place of Birth, (Street and Number)* 1619½ Division St.
5. *Full Name of Mother,* Minnie Crown
6. *Mother's Maiden Name,* " " Fitz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Marion Crown
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore,

Name of Medical Attendant, or other person who makes this Return, Wm Gombel M.D.

Address, 837 W. Fayette St

Remarks,

8750003706

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 2nd 1895
4. *Place of Birth, (Street and Number)* 1705 Canton
5. *Full Name of Mother,* Emma L. Beal
6. *Mother's Maiden Name,* Emma L. Passaway
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Tasker Beal
9. *Father's Occupation* Stuckster
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bangel

Address, 711 N. Chapel

Remarks, 8950003707

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 2 of June 1895
4. *Place of Birth, (Street and Number)* 14 Market Space
5. *Full Name of Mother,* Ida Rachmen
6. *Mother's Maiden Name,* — Richman
7. *Mother's Birthplace,* Hesken Chernigove State
8. *Full Name of Father,* Charles Rachman
9. *Father's Occupation,* Store Keeper
10. *Father's Birthplace,* Carryk

Name of Medical Attendant, or other person who makes this Return, H. Flinder M.D

Address, 143. N. Front St

Remarks,

8950003708

Wm J C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, (if any shall have
ccupation of its parents, the date and place of birth; and the
e practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
er it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3 June 1894
4. *Place of Birth, (Street and Number)* 904 Barney St
5. *Full Name of Mother,* Sarah E Myers
6. *Mother's Maiden Name,* " " Fuld
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John H Myers
9. *Father's Occupation* Stevedore
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs L L Brookes

Address, 1828 Eutaw St

Remarks, Doing Well

0750003709

Wm. J. C. Dulany Co., City Printers and Stationers.

over) RETURN OF A BIRTH. 66064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 b Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3 June 1895

4. Place of Birth, (Street and Number) 12 E Baltimore

5. Full Name of Mother, Rose E Wagner

6. Mother's Maiden Name, " " McKay

7. Mother's Birthplace, Balto

8. Full Name of Father, Sherman E Ward

9. Father's Occupation, Shute & Starkey

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs E F Brooks

Address, 822 Light St

Remarks, Drug Clerk

8 9 5 0 0 0 3 7 1 0

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 5-1-56

RETURN OF A BIRTH. 66065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	3rd of June 95
4. Place of Birth, (Street and Number)	2100 Frederick Road
5. Full Name of Mother,	Fille Ludwig
6. Mother's Maiden Name,	Fille Brunier
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Julius Ludwig
9. Father's Occupation	Papier Hanger
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W. Pratt St
Remarks,	

8950003711

Wm. J. C. Dulany Co., City Printers and Stationers.

the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* June 4th
4. *Place of Birth, (Street and Number)* 1301 Columbia Ave
5. *Full Name of Mother,* Ida May Wright
6. *Mother's Maiden Name,* Ida May Colson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry Edwin Wright
9. *Father's Occupation* Transfer Wagon Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bangl

Address, 714 E. Conn St

Remarks,

8950003712

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 5th 1895
4. Place of Birth, (Street and Number) 703 Hanover st.
5. Full Name of Mother, Catherine E. Krause Healy
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto
8. Full Name of Father, Fred. A. Krause
9. Father's Occupation Undertaker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Münch

Address, Montgomery & Leadenhall sts

Remarks, 8 9 5 0 0 0 3 7 1 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	II
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 5/95
4. *Place of Birth, (Street and Number)*	125 S. Register Str.
5. *Full Name of Mother,*	Louisa Nuesslein
6. *Mother's Maiden Name,*	Zimmerman
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Sebastian Nuesslein
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Deisenhofer
Address,	1225 Gough St.
Remarks,	

B45000037114

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5th June 1895
4. *Place of Birth, (Street and Number)* 1522 E. Monument St.
5. *Full Name of Mother,* Ida Zelekowitz
6. *Mother's Maiden Name,* Abramowitz
7. *Mother's Birthplace,* Russia Kovene State
8. *Full Name of Father,* Max Zelekowitz
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Russia Kovne State

Name of Medical Attendant, or other person who makes this Return, H. Fleeter, M. D.

Address,

Remarks,

8950003715

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

tained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6th of June 95
4. *Place of Birth, (Street and Number)* 421 Poyson St.
5. *Full Name of Mother,* Marie Taylor
6. *Mother's Maiden Name,* Marie Boltz
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Taylor
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keiler Midwife

Address, 216 W. Pratt St.

Remarks,

8750003716

Wm. J. C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66071

BIRTH NAME ADDED 1/10/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: George F. Wetters

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 6th 1895
4. *Place of Birth, (Street and Number)* Balto. MD 610 Hamburg St
5. *Full Name of Mother,* Maggie Wetters
6. *Mother's Maiden Name,* Maggie Kramer
7. *Mother's Birthplace,* Baltimore MD.
8. *Full Name of Father,* George Wetters
9. *Father's Occupation* Piano Maker
10. *Father's Birthplace,* Baltimore MD.

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 741 N. Grove st

Remarks,

845 0003717

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) X

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 6/95
4. *Place of Birth, (Street and Number)* 237 S. Register Str.
5. *Full Name of Mother,* Alma Glason
6. *Mother's Maiden Name,* " Österström
7. *Mother's Birthplace,* Sweden
8. *Full Name of Father,* Herman Glason
9. *Father's Occupation* Laberer
10. *Father's Birthplace,* Sweden

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

B 9 5 0 0 0 3 7 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~8 May~~ 6 June
4. Place of Birth, (Street and Number) S. Bond st. 822
5. Full Name of Mother, Josefa Mdzieczny
6. Mother's Maiden Name, Zachajczyk
7. Mother's Birthplace, Russ. Pole
8. Full Name of Father, Vaclav Mdzieczny
9. Father's Occupation, Brickman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, S. Bond st 838

Remarks, 8 9 5 0 0 0 3 7 1 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 C Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 6 1915
4. *Place of Birth, (Street and Number)* 1624 Carrollton Ave
5. *Full Name of Mother,* Grace Pope
6. *Mother's Maiden Name,* Hobbs
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Thomas Pope
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Mrs L E Brooks

Address, 1525 Gay St

Remarks, Boro Well

8950003720

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Maria ~~Julia~~ Maier

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex*, (state whether male or female) Female
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, June 6th 95
4. *Place of Birth*, (Street and Number) West N. No. 521
5. *Full Name of Mother*, Maria Maier
6. *Mother's Maiden Name*, Maria Weiler
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, Christian Maier
9. *Father's Occupation* Laborer
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N Caroline

Remarks, 8950003721

Wm. J. C. Dulany Co., City Printers and Stationers.

66076

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or ~~female~~)* White
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 7 95
4. *Place of Birth, (Street and Number)* 1851 Gordman all.
5. *Full Name of Mother,* Mrs Lillie Schutz
6. *Mother's Maiden Name,* Miss " Ranan
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Christopher Schutz
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, Nate Münch

Address, 806 Leadenhall St

Remarks,

8950003722

Wm. J. C. Dulany Co., City Printers and Stationers.

mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 7 June 95
4. *Place of Birth, (Street and Number)* 1214 Hillman St
5. *Full Name of Mother,* Margarette Riggin's
6. *Mother's Maiden Name,* Clinton
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Joseph Riggin's
9. *Father's Occupation* Balto Md
10. *Father's Birthplace,* Shoe Smith

Name of Medical Attendant, or other person who makes this Return. Chas E. Gerwald

Address, 436 E. Fort Ave

Remarks,

8950003723

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 66078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* June 7. 98.
4. *Place of Birth,* (Street and Number) 824 N Dallas St
5. *Full Name of Mother,* Anna Borek
6. *Mother's Maiden Name,* Anna Chumsky
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Antone Borek
9. *Father's Occupation,* Iron Worker
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephan Conrad

Address, 1621 Barnes St Baltimore Md

Remarks,

8750003724

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 7/95
4. *Place of Birth, (Street and Number)* 140 N. Washington Str.
5. *Full Name of Mother,* Kathie Mohr
6. *Mother's Maiden Name,* " Frantwein
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Thomas Mohr
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* New-York

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 2225 Gough Str.

Remarks,

8 9 5 0 0 0 3 7 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained
been conferred) its sex; color, the full name and occupation of its
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 8 '95
4. *Place of Birth, (Street and Number)*	502 Pine
5. *Full Name of Mother,*	Mrs. Catherine Minnick
6. *Mother's Maiden Name,*	" Brutsche
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Thos H. Minnick
9. *Father's Occupation*	Ice Cream maker
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	T C Worthington
Address,	840 W. Fayette
Remarks,	

8 7 5 U D D 3 7 2 6

Wm. J. C. Dulany Co., City Printers and Stationers

66081

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1st June.
4. *Place of Birth, (Street and Number)* 1036 Leadenhall St
5. *Full Name of Mother,* Ernestine H. Dawson.
6. *Mother's Maiden Name,* Lemmon.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Wm P. Dawson.
9. *Father's Occupation* Horse-collar maker.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Katie Minnis

Address, 800 Leadenhall St

Remarks, Is a fatty

8950003727

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and must set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 1 1895
4. *Place of Birth, (Street and Number)* 926 Columbia ave
5. *Full Name of Mother,* Kate Welch
6. *Mother's Maiden Name,* Crowley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm J Welch
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo R Graham MD

Address, 725 Columbia ave

Remarks,

B 7 5 0 0 0 3 7 2 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 66083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 8/04
4. *Place of Birth, (Street and Number)* 401 Allendale St.
5. *Full Name of Mother,* Catherine Hahn
6. *Mother's Maiden Name,* Dietter
7. *Mother's Birthplace,* Bltd
8. *Full Name of Father,* Heinrich Hahn
9. *Father's Occupation* Miller
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary E. Pengoy

Address, 1903 Sarg't St

Remarks, 8750003729

Wm. J. C. Dulany Co., City Printers and Stationers.

the full name of each child, (if any shall have ascertained the same can be ascertained) the sex, color, the full name and occupation of its parents, the date and place of birth; and the mouth, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred), its sex, color, the full name and occupation of the father, the date and place of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, or should the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	Sixth
1. *Sex, (state whether male or female)*	Female Mary Amanda
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 8th 1895
4. *Place of Birth, (Street and Number)*	1418 Andre St
5. *Full Name of Mother,*	Wilhelmine Love
6. *Mother's Maiden Name,*	Wilhelmine Bruns
7. *Mother's Birthplace,*	West Prussia Germany
8. *Full Name of Father,*	Hedge Love
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	West Prussia Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Lizzie Smith
Address,	1600 Holbrook St
Remarks,	

0 9 5 0 0 0 3 7 3 0

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 66985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ihre 5.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June Ihe 8.
4. *Place of Birth, (Street and Number)*	119. Hamburg Street 1163
5. *Full Name of Mother,*	K Twele
6. *Mother's Maiden Name,*	K. Herman
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	A Twele
9. *Father's Occupation*	Tobakworker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Bang
Address,	711 N. Chas st.
Remarks,	

8 9 5 0 0 0 3 7 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 lb

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* Jan 9th 1895
4. *Place of Birth, (Street and Number)* Bruce st.
5. *Full Name of Mother,* Lennie Brown
6. *Mother's Maiden Name,* Dismukes
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Wm Brown
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8950003732

Wm. J. C. Dulany Co., City Printers and Stationers

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

66087

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 9th June
4. *Place of Birth, (Street and Number)* 927 Druid Hill ave
5. *Full Name of Mother,* Lottie ~~Hawkins~~ Sloan
6. *Mother's Maiden Name,* Lottie Hawkins
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* James Sloan
9. *Father's Occupation,* waiter
10. *Father's Birthplace,* St Michaels Md

Name of Medical Attendant, or other person who makes this Return, Mrs Hoziah Hamilton

Address, 626 N Eutaw St

Remarks, was called from home is why the report is late

Wm. J. C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section; shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 9th 1895
4. *Place of Birth, (Street and Number)* No. 2220 Fredrick Ave
5. *Full Name of Mother,* Bertha Horney
6. *Mother's Maiden Name,* Bertha West
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Horney
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 4 5 0 0 0 3 7 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~927 Hillen st~~ June 9th 1895
4. Place of Birth, (Street and Number) 927 Hillen st.
5. Full Name of Mother, Georgette Kemp
6. Mother's Maiden Name, " Biger.
7. Mother's Birthplace, Washington D. C.
8. Full Name of Father, John Kemp
9. Father's Occupation, Carpet layer
10. Father's Birthplace, Phila. Pa.

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M. D.

Address,

Remarks,

8950003735

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-31-52

RETURN OF A BIRTH. 66090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Gertrude ~~Breeden~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 16th June 95
4. *Place of Birth, (Street and Number)* 1520 Riverside Ave
5. *Full Name of Mother,* Mary Breeden
6. *Mother's Maiden Name,* " Casey
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Frank Breeden
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Calvert Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs E Gowell

Address, 486 E Fort Ave

Remarks,

8750003736

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-9-60 66091

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mary H. Baumgartner 5th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, June 10th 1895.
4. Place of Birth, (Street and Number) 4 E. Cross. St.
5. Full Name of Mother, Caroline E. Baumgartner
6. Mother's Maiden Name, Deiss,
7. Mother's Birthplace, Balto City, Md.
8. Full Name of Father, Andrew Baumgartner.
9. Father's Occupation Clerk.
10. Father's Birthplace, Balto City.

Name of Medical Attendant, or other person who makes this Return, R. J. N Tall, M.D.

Address, 524 Sharp St.

Remarks,

67500037737

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recoverable, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 66092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	X
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 11-95
4. *Place of Birth, (Street and Number)*	2123 Vine St.
5. *Full Name of Mother,*	Emma S. Iseldmacher
6. *Mother's Maiden Name,*	Smith
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Henry Iseldmacher
9. *Father's Occupation,*	Hair Spinner
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return.	J. McDonnell M.D.
Address,	101 N Fulton Ave
Remarks,	

8750003738

WM. J. C. MULANY & CO., CITY PRINTERS AND STATIONERS

...the Commissioner shall furnish a list of the physicians ... the same, the full name of each child, if any shall have been ascertained the full name of each child, if any shall have been ascertained the full name and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or person in charge of the case, the Commissioner of Health, in the manner and within the period above required, and thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 4 1895
4. *Place of Birth, (Street and Number)* No 129 W. West St
5. *Full Name of Mother,* Emma Zeller
6. *Mother's Maiden Name,* Emma Eckardt
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Joseph Zeller
9. *Father's Occupation* Tayler
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Katie Minnich

Address, 800 Seadenhall St

Remarks,

8 7 5 0 0 0 3 7 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66074

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd,
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 11. 1895
4. Place of Birth (Street and Number)	N. E. Cor. Regester & Lancaster Sts
5. Full Name of Mother	Ella Schrader
6. Mother's Maiden Name	Ella Tryer
7. Mother's Birthplace	City
8. Full Name of Father	William F. Rush
9. Father's Occupation	Shipping Agent
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	John H. Rehberger
Address	# 1709 Alice Anna St
Remarks	

8950003740

Fine any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

66095

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 June
4. Place of Birth, (Street and Number) 1623 Shakspeare st
5. Full Name of Mother, Pauline greb
6. Mother's Maiden Name, Jans
7. Mother's Birthplace, Pole
8. Full Name of Father, Charles greb
9. Father's Occupation, Workman
10. Father's Birthplace, germani.

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, S Bond St 838

Remarks, 8950003741

Wm J C. Dulany Co., City Printers and Stationers.

SAFETY FILM

KODAK D SAFE

RETURN OF A BIRTH. 66096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	X
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 11/95
4. *Place of Birth, (Street and Number)*	834 S. Luzerne Ste.
5. *Full Name of Mother,*	Karolina Marks
6. *Mother's Maiden Name,*	" Drage
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Reinhold Marks
9. *Father's Occupation*	Saloonkeeper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Deisenhofer
Address,	2225 Gough St.
Remarks.	

8950003742

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66097

CERTIFICATE CORRECTED 8-27-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Amelia L. Wyatt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Femal
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June 12" 1895
4. *Place of Birth, (Street and Number)*	1201 W Baltimore
5. *Full Name of Mother,*	Selma ~~Wyatt~~ Wyatt
6. *Mother's Maiden Name,*	" Horn
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edw ~~Wyatt~~ Wyatt
9. *Father's Occupation*	clothing cutter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Leo Rhatcan MD
Address,	725 Columbia ave
Remarks,	

8950003743

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 66098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 12th
4. *Place of Birth, (Street and Number)* 632 Westfield
5. *Full Name of Mother,* Elizabeth Kirschbaum
6. *Mother's Maiden Name,* " Stang
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Frederick Kirschbaum
9. *Father's Occupation* Wood Worker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return Mrs Barge

Address, 711 N. Gross st

Remarks,

8 4 5 0 0 0 3 7 4 4

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, (if any shall have
occupation of its parents, the date and place of birth; and the
e practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
fter it shall become the duty, of the person or parents of such
alth, in the manner and within the period above required, and
l to comply with the provisions of this section shall be sub-
e, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, ~~2*d*, 3*d*, &c.~~) .....

1. *Sex,* (*state whether* male ~~or female~~) .....
2. *Race or Color,* (*if not of the white race*) .....
3. *Date of Birth,* June 12 - 1895
4. *Place of Birth,* (*Street and Number*) 922 N. Caroline St.
5. *Full Name of Mother,* Sallie E Donahue
6. *Mother's Maiden Name,* " " McGraw
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Daniel Donahue
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Geo F. Taylor M.D

Address, 1254 N. Broadway

Remarks, ...

· 8950003745

Wm. J. C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 d

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 12 (6.30 P.M.)
4. *Place of Birth, (Street and Number)* 1608 N. Bethel street.
5. *Full Name of Mother,* Margaretha Anna Clayton
6. *Mother's Maiden Name,* Denner
7. *Mother's Birthplace,* Balto, Md.
8. *Full Name of Father,* James Phillipp Clayton,
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Annapolis

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kaune for the

Address, Mothers Relief Society, 632 N. Fremont Ave.

Remarks,

8950003746

Wm J C. Dulany Co., City Printers and Stationers.

d the full name of each child, (if any shall have
its parents, the date and place of birth; and the
in the form of a certificate between the first and
ssioner of Health. In case the birth of any child
r of midwifery, or should no other person be in
become the duty of the person or parents of such
manner and within the period above required, and
with the provisions of this section shall be sub-
ered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the
been conferred) its sex, color, the full name and occupation of its par
said schedule shall be delivered, daily signed by the practitioner in the
third day of each and every month to the office of the Commissioner of
shall occur without the attendance of a physician or practitioner it shall become
attendance upon the mother, immediately thereafter it shall be
child to report its birth to the Commissioner of Health, in the manner
any such person or persons who shall hereafter fail to comply with th
jected to the fine of ten (10) dollars for each offence, to be recovered as

RETURN OF A BIRTH. 6601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12th of June 95
4. *Place of Birth, (Street and Number)*	204 Price St.
5. *Full Name of Mother,*	Maggie Stramer
6. *Mother's Maiden Name,*	Maggie Labuch
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Stramer
9. *Father's Occupation*	Laber
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Kenler Midwife
Address,	2116 W. Pratt St.
Remarks,	

8750003747

Wm. J. C. Dulany Co., City Printers and Stationers.

66102

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child John ~~Szczepaniak~~

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex*, (state whether male or female) Boy
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, 12 June
4. *Place of Birth*, (Street and Number) Ann st. 815
5. *Full Name of Mother*, Agnes Štěpanský CZ
6. *Mother's Maiden Name*, Špochač
7. *Mother's Birthplace*, Pol
8. *Full Name of Father*, ~~Jan~~ Laurentz Štěpanský Szczepaniak
9. *Father's Occupation*, Workman
10. *Father's Birthplace*, Pole

Name of Medical Attendant, or other person who makes this Return. Mary Pretl

Address, S. Bond st 888

Remarks,

8950003748

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 June
4. Place of Birth, (Street and Number) Hare st 1223
5. Full Name of Mother, Kejdy Klučinskij
6. Mother's Maiden Name, Kisnovsky
7. Mother's Birthplace, Pole
8. Full Name of Father, John Klucinsky
9. Father's Occupation, Workman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Bell

Address, S. Bond st. 838

Remarks, 1895 0003749

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 13th 1895
4. *Place of Birth, (Street and Number)*	802 S Green St.
5. *Full Name of Mother,*	Mary Anne Beck
6. *Mother's Maiden Name,*	Mary Anne Reed
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Ernest M. Beck
9. *Father's Occupation*	Bookkeeper
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Katie Minch
Address,	800 Leadenhall Street
Remarks,	

8750003750

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 1-16-56

RETURN OF A BIRTH. 66105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Winfree Elbert Johnson

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 3 June 1895
4. *Place of Birth, (Street and Number)* 1405 Lanvale St
5. *Full Name of Mother,* Florence Johnson
6. *Mother's Maiden Name,* " Bowser
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Wallace Johnson
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs E E Brookes

Address, 1028 Druid Pl

Remarks, Dupl Mail

0 9 5 0 0 0 3 7 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

over

66106

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Grace Mary Cecilia Lubbehusen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female) Female
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, June 13 '95
4. *Place of Birth*, (Street and Number) 15-S Shroder Lubbehusen
5. *Full Name of Mother*, Mrs. Susanna C. Lubbehusen)
6. *Mother's Maiden Name*, " " Cooper
7. *Mother's Birthplace*, Washington DC
8. *Full Name of Father*, Frank J. Lubbehusen Lubbehusen
9. *Father's Occupation* Tin & Stove Business
10. *Father's Birthplace*, Balto

Name of Medical Attendant, or other person who makes this Return, T C Worthington

Address, 840 W Fayette St

Remarks,

8950003752

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* June 14 1897
4. *Place of Birth, (Street and Number)* 938 Burgess Ave
5. *Full Name of Mother,* Mrs Lavinia E Mc Carl
6. *Mother's Maiden Name,* Miss Lavinia E Yates
7. *Mother's Birthplace,* Philadelphia Pa
8. *Full Name of Father,* C Lawrence McCarthy
9. *Father's Occupation* A Tall Bowling
10. *Father's Birthplace,* Pittsburgh Pa

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, W Woods

Remarks,

0 9 5 0 0 0 3 7 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 66108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 14, 1895
4. *Place of Birth, (Street and Number)* 1024 McCulloh St
5. *Full Name of Mother,* Jeannette Wasback
6. *Mother's Maiden Name,* Jeannette Pollack
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Charles Wasback
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* New York U.S.

Name of Medical Attendant, or other person who makes this Return, Ida Pollack M.D.

Address, 1109 McCulloh St.

Remarks, 8950003754

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Error 66109

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male Female - Marie Sophie Quandt
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Ernst Quandt
4. Place of Birth, (Street and Number)	14 June 1895
5. Full Name of Mother,	W. Franklin St. 1008
6. Mother's Maiden Name,	Ludowicka Louise Quandt
7. Mother's Birthplace,	Ludowicka Louise Thiemeyer
8. Full Name of Father,	Baltimore
9. Father's Occupation,	Ernst Quandt
10. Father's Birthplace,	Druggist
Name of Medical Attendant, or other Person who makes this Return.	Baltimore
Address,	L G Reinhard
Remarks,	220 Madison Street

8 7 5 0 0 0 3 7 5 5

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, the sex, color, the full name and occupation of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Mildred Vincent

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 14th 1895
4. *Place of Birth, (Street and Number)* 927 W. Balto St
5. *Full Name of Mother,* Annie Vincent
6. *Mother's Maiden Name,* Hughes
7. *Mother's Birthplace,* Hanford Co
8. *Full Name of Father,* Thomas Vincent
9. *Father's Occupation* Florist
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, John Scarff M.D.

Address, Forest Garden Apts

Remarks, GIVEN [illegible] 1-7-54

8 9 5 0 0 0 3 7 5 6 L.M

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 14/95
4. *Place of Birth, (Street and Number)* 2012 Canton Ave.
5. *Full Name of Mother,* Henrietta Thron
6. *Mother's Maiden Name,* " Stengler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Michael Thron
9. *Father's Occupation* Backer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 2225 Gough St

Remarks,

895U003757

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 15 / 95
4. *Place of Birth, (Street and Number)* 140 E. Lumbered St. Baltimore
5. *Full Name of Mother,* Sarah Smith
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Samuel Smith
9. *Father's Occupation* Cigarette Maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Lena Barber

Address, 41 E. York Street Baltimore Md

Remarks,

8 9 5 0 0 0 3 7 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 18 95

4. *Place of Birth, (Street and Number)* 1205 Hanover st

5. *Full Name of Mother,* Emma Cook

6. *Mother's Maiden Name,* Jones

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Robert [illegible]

9. *Father's Occupation* Glass Setter

10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, Thos E. McBrooks

Address, 1205 Hanover st

Remarks, Dr. Mell

8950003759

Wm. J. C. Dulany Co., City Printers and Stationers.

Returns which have been received under this law on the date during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 1-6-56

RETURN OF A BIRTH. 66114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	15th of June 95
4. Place of Birth, (Street and Number)	2026 Christian St.
5. Full Name of Mother,	Gittel Franklin
6. Mother's Maiden Name,	Gittel Romanska
7. Mother's Birthplace,	Pole
8. Full Name of Father,	Moris Franklin
9. Father's Occupation	Blacksmith
10. Father's Birthplace,	Pole
Name of Medical Attendant, or other person who makes this Return,	Friedeike Keuler Midwife
Address,	2416 W Pratt St.
Remarks,	

8950003760

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 66115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 Feb 1895
4. Place of Birth, (Street and Number) 2 E Fort Ave
5. Full Name of Mother, Barbara E Clark
6. Mother's Maiden Name, Peters
7. Mother's Birthplace, New Jersey
8. Full Name of Father, Daniel F Clark
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E M Brooks

Address, 522 Lyon St

Remarks, Dr Wells

8950003761

This Schedule must contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. The Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June the 16 18 95
4. *Place of Birth, (Street and Number)* Smallwood St No 6 602
5. *Full Name of Mother,* Emmy D yatman
6. *Mother's Maiden Name,* Emmy D Surey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William A yatman
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other person who makes this Return, Mrs S Selby

Address, No 19-22 Millington Av

Remarks,

8 9 5 0 0 0 3 7 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) XI

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 16/95
4. *Place of Birth, (Street and Number)* 614 S. Luzerne Str.
5. *Full Name of Mother,* Annie Steinmetz
6. *Mother's Maiden Name,* " Grater
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Geo. F. Steinmetz
9. *Father's Occupation* Stevendore
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 2225 Gough Str.

Remarks,

B 75 U 003763

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 June
4. *Place of Birth, (Street and Number)* Black st 1440
5. *Full Name of Mother,* Kejdy Madra
6. *Mother's Maiden Name,* Makovsky
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Wincend Madra
9. *Father's Occupation,* Workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Prell

Address, S. Bond st 838

Remarks,

B Y 5 0 0 0 3 7 6 4

Wm J C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) —
3. Date of Birth, June 16th 1895—
4. Place of Birth, (Street and Number) 1407 William St.
5. Full Name of Mother, Margaret Jones,
6. Mother's Maiden Name, " Hoffman —
7. Mother's Birthplace, Balto. City —
8. Full Name of Father, William M. Jones,
9. Father's Occupation Saloon —
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, R. J. D. Talbot M.D.

Address, 524 Sharp St,

Remarks,

8950003765

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 16/95
4. *Place of Birth, (Street and Number)* 785 N. Chappels Str.
5. *Full Name of Mother,* Kunigunde Ruppels
6. *Mother's Maiden Name,* " Schmidt
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Frank Ruppels
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

8 9 5 0 0 0 3 7 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 June 1895
4. *Place of Birth, (Street and Number)* 1413 Pulaski St
5. *Full Name of Mother,* Mary E Wyatzacher
6. *Mother's Maiden Name,* Wissmann
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John F Wyatzacher
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mark B Brookes

Address, 1523 Eutaw St

Remarks, Living Well

, 8950003767

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16 1895
4. Place of Birth, (Street and Number) 1033 N. Lombard St
5. Full Name of Mother, Elizabeth Burke
6. Mother's Maiden Name, " " " Owens
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Burke
9. Father's Occupation, Contractor
10. Father's Birthplace, Anne Arundel Co Md

Name of Medical Attendant, or other person who makes this Return, Jno Gould M.D.

Address, 837 N. Payson St

Remarks, 8950003768

Health. This schedule shall contain a list of the names of all children born in the district during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* June 1st 1895
4. *Place of Birth, (Street and Number)* 622 W. Lombard St
5. *Full Name of Mother,* Mrs. F. J. Sherrard
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Mackall A. Bruin

Address, 622 W. Lombard St

Remarks,

8 9 5 0 0 0 3 7 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 21st 1895
4. *Place of Birth, (Street and Number)* 17 S. Stockton St
5. *Full Name of Mother,* Mary Paul
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, Mackall R. Bruin M.D.

Address, #677 W. Lombard St.

Remarks, —

, 8950003770

Wm. J. C. Dulany Co., City Printers and Stationers.

Hearer. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 7 1895
4. *Place of Birth, (Street and Number)* # 3 Parish Alley
5. *Full Name of Mother,* Annie Stearns
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mackall R. Brown M. D.

Address, # 622 N. Lombard St.

Remarks,

B 2500037711

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 3rd 1895
4. *Place of Birth, (Street and Number)* #673 Park Ave 37.
5. *Full Name of Mother,* Amelia Mauds
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mackall R Bruin M.D.

Address, #677 Lombard St.

Remarks,

8950003772

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. This section shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 4th 1895

4. *Place of Birth, (Street and Number)* 947 N. Gay St.

5. *Full Name of Mother,* Mrs. Boyle

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Mackall R Bruin M.D.

Address, 627 N. Lombard St

Remarks,

8 7 5 0 0 0 3 7 7 3

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of the first and last marriage of its parents, and the maiden name of its mother; and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 5 1895
4. *Place of Birth, (Street and Number)* 622 W. Lombard St
5. *Full Name of Mother,* Susan Palmer
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Malcolm R. Brain M. D.

Address, 622 W. Lombard St

Remarks,

8950003774

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 7 1895
4. *Place of Birth, (Street and Number)* 1349 Mark St.
5. *Full Name of Mother,* Mrs. Ida Morgan
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Marshall A. Bowin M.D.

Address, 1117 N. Lombard St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

U 2500003775

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 7 1895
4. *Place of Birth, (Street and Number)* 640 Pine St.
5. *Full Name of Mother,* Mrs Mary Samuel
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Rachael K. Bruin M.D.

Address, 622 N. Lombard St

Remarks,

0750003776

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 5 1895
4. *Place of Birth, (Street and Number)* 12 Creston St
5. *Full Name of Mother,* Mrs. Rose Jackson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mackall R. Bruin M. D.

Address, 622 N. Lombard St

Remarks,

0950003777

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 6 1895

4. Place of Birth, (Street and Number) 61 Y Elder alley

5. Full Name of Mother, Sarah Williams

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Maxcy R. Brun md

Address, #612 W. Lombard St.

Remarks,

8950003778

Wm. J. C. Dulany Co., City Printers and Stationers.

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female).* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 7 1894
4. *Place of Birth, (Street and Number)* 677 N. Lombard st
5. *Full Name of Mother,* Carrie Roberts
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Marcellus R. Bruin M.D.

Address, 677 N. Lombard St

Remarks,

0750003779

Wm. J. C. Dulany Co., City Printers and Stationers.

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 12-14-66

RETURN OF A BIRTH. 66134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: EMMA MORGAN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) H

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 10 1895
4. *Place of Birth, (Street and Number)* 5 E. Lee St.
5. *Full Name of Mother,* Eliza Morgan
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mackall P. Brown M. D.

Address, #622 W. Lombard St

Remarks,

, 8 9 5 0 0 0 3 7 8 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 10 1895
4. *Place of Birth, (Street and Number)* 207 Burgundy alley
5. *Full Name of Mother,* Mary F. Smith
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Mackall K. Bruin M. D.

Address, 644 N. Lombard St.

Remarks,

8950003781

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 10 1895
4. *Place of Birth, (Street and Number)* 622 W. Lombard St
5. *Full Name of Mother,* Mary Bruce
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mackall P. Bruin M.D.

Address, 622 W. Lombard St

Remarks,

8950003782

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 1, 1895
4. *Place of Birth, (Street and Number)* 1213 Scott St.
5. *Full Name of Mother,* Gertrude Ebert
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mackall A. Brown M.D.

Address, #622 W. Lombard St

Remarks,

· 8 9 5 U 0 0 3 7 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 13 1893
4. *Place of Birth, (Street and Number)* 622 N. Lombard St
5. *Full Name of Mother,* Mrs Blanche Nicholson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Michael R Brun M D

Address, 622 Lombard St

Remarks,

8 7 5 U 0 0 3 7 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

...ascertained the name, sex, color, and place of birth of any child that has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 13 1895
4. *Place of Birth, (Street and Number)* 103 Winters St
5. *Full Name of Mother,* Alice Scott
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Meredith Bruin M.D.

Address, # 627 N. Lombard St

Remarks,

' 8950003785

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* June 3rd 1895
4. *Place of Birth, (Street and Number)* 542 Vine St
5. *Full Name of Mother,* Florence Samuel
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Mackall R. Bruin M.D.

Address, #622 W. Lombard St

Remarks,

8950003786

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 3rd 1895
4. *Place of Birth, (Street and Number)* 622 N. Lombard St
5. *Full Name of Mother,* Josephine Brown
6. *Mother's Maiden Name,* /
7. *Mother's Birthplace,* /
8. *Full Name of Father,* /
9. *Father's Occupation* /
10. *Father's Birthplace,* /

Name of Medical Attendant, or other person who makes this Return. Raphael P. Bowie M.D.

Address, 622 N. Lombard St

Remarks, /

8950003787

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 66142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 14 / 1895
4. *Place of Birth, (Street and Number)* 627 W. Lombard St
5. *Full Name of Mother,* Mollie Robinson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. MacKall R Bruin M.D.

Address, 627 W. Lombard St

Remarks,

8 9 5 U 0 0 3 7 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the name (if any) conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 15 1895
4. *Place of Birth, (Street and Number)* 117 Harmony Lane
5. *Full Name of Mother,* Lucy Wilson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Mackall R. Bruin M.D.

Address, #677 N. Lombard St.

Remarks,

8 7 5 0 0 0 3 7 8 9

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 16 1895
4. *Place of Birth, (Street and Number)* 24 China St
5. *Full Name of Mother,* Anna Thomas
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Macvall R Brain M.D.

Address, #677 N. Lombard St

Remarks,

8950003790

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 18 1895
4. *Place of Birth, (Street and Number)* 627 N. Longwood St
5. *Full Name of Mother,* Amanda Elbert
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Mackell R Brown M.D.

Address, 627 N. Lombard St

Remarks,

, 0 7 5 0 0 0 3 7 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

The ... shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

KODAK

month, and shall set forth as far as the same can be ascertained, the full name of each child of any sex that have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 19 1895
4. *Place of Birth, (Street and Number)* 423 Race st.
5. *Full Name of Mother,* Eda Young
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Mackenzie Brown M.D.

Address, # 627 N. Lombard St

Remarks.

B 9 5 U 0 0 3 7 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 19 1895
4. *Place of Birth, (Street and Number)* 622 W Lombard St
5. *Full Name of Mother,* Isaac Cabin
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Mackell P Bruin M D

Address, 622 W Lombard st

Remarks,

8 7 5 0 0 0 3 7 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 20 1895
4. Place of Birth, (Street and Number) 530 Burgundy Alley
5. Full Name of Mother, Annie Pulson
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mackall R. Bruin M. D.

Address, # 622 N. Lombard St

Remarks,

8950003794

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 24 1895
4. *Place of Birth, (Street and Number)* 62 N. Lombard st
5. *Full Name of Mother,* Minnie Wilson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mackall R Brown M.D

Address, 62 N Lombard St

Remarks,

8950003795

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 24 1895
4. *Place of Birth, (Street and Number)* E. 424 Conway St.
5. *Full Name of Mother,* E. Slater
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mackall R. Bruin M.D.

Address, #627 Lombard St

Remarks,

5950003796

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-22-52

RETURN OF A BIRTH. 66151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Charles Henry Hall

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 25 1895
4. *Place of Birth, (Street and Number)* 704 Sarah Ann St.
5. *Full Name of Mother,* Sarah Hall
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Maxwell P. Bruin M.D.

Address, #622 Lombard St.

Remarks,

8950037297

Wm. J. C. Dulany Co., City Printers and Stationers.

...upation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 27 1895
4. *Place of Birth, (Street and Number)* 806 Woodyear st.
5. *Full Name of Mother,* Addie Scofield
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mackall R Bruin M.D.

Address, #607 N. Lombard st

Remarks,

0 9 5 U 0 0 3 7 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* June 8 th 95
4. *Place of Birth, (Street and Number)* 699 W. Lombard St
5. *Full Name of Mother,* Jenny Hagerty
6. *Mother's Maiden Name.*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Chas R Bruns M.D.

Address, 699 W. Lombard St.

Remarks,

, 8750037799

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name and occupation of the practitioner in the case the birth of any child said schedule shall be delivered, duly signed by the practitioner or person in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, or should no parents, of such child become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 17 1895
4. *Place of Birth, (Street and Number)* 612 N. Broadway St
5. *Full Name of Mother,* Maggie Day
6. *Mother's Maiden Name,* [illegible] J
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Marshall T Bruin M D

Address, 612 N Broadway St

Remarks,

' 8 9 5 0 0 0 3 8 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall have been delivered, the full name and place of birth; and the occupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of the ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 20 1895
4. *Place of Birth, (Street and Number)* 612 W Lombard St
5. *Full Name of Mother,* Carrie Thomas
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Marshall P Bruin M.D.

Address, 612 W Lombard St

Remarks,

18950003801

Wm. J. C. Dulany Co., City Printers and Stationers.

...ation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately after the period above required, and ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 23 1893
4. *Place of Birth, (Street and Number)* 622 N Lombard St
5. *Full Name of Mother,* Mamie Early
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Mackall R Bruin M D

Address. 622 Lombard St

Remarks.

0 895 0003802

Wm. J. C. Dulany Co., City Printers and Stationers.

Mother's full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 28 1895
4. *Place of Birth, (Street and Number)* 672 N. Lombard St
5. *Full Name of Mother,* Mrs. Louise Williams
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mackall P. Brown

Address, 672 N. Lombard St

Remarks,

0950003803

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 16 A.
4. Place of Birth, (Street and Number) 738 McHenry Sn
5. Full Name of Mother, May Dixon O'Leary.
6. Mother's Maiden Name, Balto Cty.
7. Mother's Birthplace, Edward Dixon
8. Full Name of Father, Unk.
9. Father's Occupation, Frederick E. Md
10. Father's Birthplace, Louis E. Schmidt M.D.

Name of Medical Attendant, or other person who makes this Return,

Address, N 721 Columbia Ave,

Remarks,

0 4 5 0 0 0 3 8 0 4

Wm J C. Dulany Co., City Printers and Stationers.

Own

RETURN OF A BIRTH. 66159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Daniel Fitchett

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Son

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17th 1895
4. Place of Birth, (Street and Number) 939 W. Lombard
5. Full Name of Mother, Mary E. Fitchett
6. Mother's Maiden Name, Mary E Cunningham
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Andrew J. Fitchett
9. Father's Occupation Huckster
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Joseph C. Wunder M.D.

Address, 1075 W. Fayette St

Remarks, Bookkeeper Prescriptions

8455 007805

month, and shall set forth as far as the same can be ascertained the full name of each child, if any such name have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 66160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1C

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth* June 17th 1893
4. *Place of Birth*, (*Street and Number*) 919 Organ Avenue
5. *Full Name of Mother*, Amelia Butler
6. *Mother's Maiden Name*, Amelia Stockett
7. *Mother's Birthplace*, Baltimore City
8. *Full Name of Father*, George C Butler
9. *Father's Occupation*, Stone Cutter
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hucks

Address, Baltimore City

Remarks, Amer

8 9 5 0 0 0 3 8 0 6

John Murphy & Co., City Printers and Stationers.

...during the month, the said Commissioner of Health shall be furnished with a correct list of the births which have occurred under his or her care during the month, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a list of the births which have occurred under his or her care during the month, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 17
4. *Place of Birth, (Street and Number)* 66 W. Hamburg street
5. *Full Name of Mother,* Minna Gleichmann
6. *Mother's Maiden Name,* Minna Löwe
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Gustav Gleichmann
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 800 Leadenhall St

Remarks,

8 7 5 0 0 0 3 8 0 7

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, that has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 66162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17 95
4. Place of Birth, (Street and Number) 1604 Abbott Alley
5. Full Name of Mother, Anna Copal
6. Mother's Maiden Name, Anna Pobluk
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Joseph Copel
9. Father's Occupation, Can Maker
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephian Conrad

Address, 1621 Barnes St Baltimore Md

Remarks,

8950003808

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 66163

GIVEN NAME ADDED 3-16-66

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Martin Boss 2 Child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, 17 June 1895
4. *Place of Birth*, (Street and Number) 1914 Pratt St
5. *Full Name of Mother*, Annie Boss
6. *Mother's Maiden Name*, [illegible] Lauenstein
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, Henry Boss
9. *Father's Occupation* Glass Worker
10. *Father's Birthplace*, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E L Brooks

Address, 1502 Druid St

Remarks, Dr Wm Watt

1895 00 07 809

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 June 1893
4. *Place of Birth, (Street and Number)* 1611 Riverside Av
5. *Full Name of Mother,* Birdie Mckeins
6. *Mother's Maiden Name,* Burdette
7. *Mother's Birthplace,* Cumberland Md
8. *Full Name of Father,* Milton Mckeins
9. *Father's Occupation* Mariner
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E K Brooks

Address, 829 Light St

Remarks, Corp Mill

8750003810

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17 / 1895
4. Place of Birth, (Street and Number) 1172 Hamburg St.
5. Full Name of Mother, Eloise Kroener
6. Mother's Maiden Name, Browning
7. Mother's Birthplace, Laurel Md
8. Full Name of Father, Wm. A. Kroener
9. Father's Occupation, Shirt Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, H. W. Webner, M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor,

8 X 5 0 0 0 3 8 1 1

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 17 1895
4. *Place of Birth, (Street and Number)* 257 S Wolfe St
5. *Full Name of Mother,* Ann Lemke
6. *Mother's Maiden Name,* Holtzclaw
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Benjamin Lemke
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Karl L. Pleasants

Address, 1903 Boyd St

Remarks, 8950007812

Health. This schedule shall contain a list of the births which have occurred since the last report, and the full name of each child, if any shall have been christened; the full name of each child, if any shall have been conferred; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 June
4. *Place of Birth, (Street and Number)* 2404 Foster Av
5. *Full Name of Mother,* Clara J May
6. *Mother's Maiden Name,* Clara Kolb
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Frank J May
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Harry L Duayne

Address, 224 Easton st

Remarks,

8950003813

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18th Juni
4. *Place of Birth, (Street and Number)* 819 Green Street.
5. *Full Name of Mother,* Helena Majchszak
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Posen Germany.
8. *Full Name of Father,* Anton Majchszak
9. *Father's Occupation* Lackirer
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs E. Siercsmann.

Address, 1225 Forest Street.

Remarks,

8950003814

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Schedule shall contain a list of the births which have occurred under his supervision during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66169

CERTIFICATE CORRECTED 2-22-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Clarence D. Beehler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White ~~18-18-95~~
3. Date of Birth, Dec. 18-18-95
4. Place of Birth, (Street and Number) North Franklin st 1842
5. Full Name of Mother, Carey E (~~Coulson~~) Beehler
6. Mother's Maiden Name, Carey E Skinner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick (~~Fredrick~~) (~~Chas~~) Beehler
9. Father's Occupation Runner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, 1922 Wilkins ave

Remarks,

B 9 5 0 0 0 3 8 1 5

mouth, and shall set forth as far as the same can be ascertained the full name of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its p said schedule shall be delivered, duly signed by the practitioner in th third day of each and every month to the office of the Commission shall occur without the attendance of a physician or practioner of attendance upon the mother, immediately thereafter it shall becom child to report its birth to the Commissioner of Health, in the manne any such person or persons who shall hereafter fail to comply with t jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 6 child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 th June
4. *Place of Birth, (Street and Number)* 807 Striper st
5. *Full Name of Mother,* Kate Everhart
6. *Mother's Maiden Name,* Kate Carr
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles . Everhart
9. *Father's Occupation* labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Harry L Swayne

Address, 624 Canton Av

Remarks,

8 9 5 0 0 0 3 8 1 6

month, and shall set forth as far as the same shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

66171

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 June
4. Place of Birth, (Street and Number) Shakspeare str. 1615
5. Full Name of Mother, Francis Brodsky
6. Mother's Maiden Name, Posloska
7. Mother's Birthplace, Pole
8. Full Name of Father, Valentin Brodsky
9. Father's Occupation, Workman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, S. Bond st 831

Remarks, B 7500033817

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in
attendance upon the mother, immediately after the occurrence of such birth, it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 19, 99
4. *Place of Birth, (Street and Number)*	842 - N. Bond St
5. *Full Name of Mother,*	Mary Sima
6. *Mother's Maiden Name,*	Mary Rusick
7. *Mother's Birthplace,*	Bohimia
8. *Full Name of Father,*	Ammid Sima
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other person who makes this Return,	Stephan Conrad
Address,	621 Barnes St Baltimore MD
Remarks.	

8950003818

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-2-60

RETURN OF A BIRTH. 66173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Marrion Cord 3

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 19th 1908

4. Place of Birth, (Street and Number) 612 Hamburg St. Balto

5. Full Name of Mother, Annie Ellanor Cord

6. Mother's Maiden Name, Annie Ellanor Hampson

7. Mother's Birthplace, Baltimore, Md

8. Full Name of Father, George Marion Cord

9. Father's Occupation Box Maker

10. Father's Birthplace, Fayette ville N Carolina

Name of Medical Attendant, or other person who makes this Return Mrs Bond

Address, 74 W Cross st

Remarks,

B 7 5 0 0 0 3 8 1 9

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the name, if any, the date and place of birth; and the been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* [illegible]

4. *Place of Birth, (Street and Number)* [illegible]

5. *Full Name of Mother,* [illegible] Mulligan

6. *Mother's Maiden Name,* [illegible]

7. *Mother's Birthplace,* [illegible]

8. *Full Name of Father,* [illegible]

9. *Father's Occupation* [illegible]

10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, [illegible]

0 9 5 U 0 0 3 8 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 19th 1894
4. *Place of Birth, (Street and Number)* 609 Lemmon St
5. *Full Name of Mother,* Amelia Jones
6. *Mother's Maiden Name,* Amelia Brise
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Wm H. Jones
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Pittsburgh Pa

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 1124 Parkman

Remarks, 6 9 5 0 0 0 7 8 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Failure to give notice shall subject the person required to give it to a penalty of ten (10) dollars. This schedule shall contain a list of the births which have occurred since the last return, (if any shall have occurred) and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in case the birth of any child shall have been attended by a physician or practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	19th January 95
4. *Place of Birth, (Street and Number)*	503 Pulaski St
5. *Full Name of Mother,*	Lilli Garson
6. *Mother's Maiden Name,*	Lilli Mary Batte
7. *Mother's Birthplace,*	Geary M. Garson
8. *Full Name of Father,*	Brickmaker
9. *Father's Occupation*	Balto
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Friederike Keller Midwife
Address,	2116 W. Pratt St
Remarks,	

8 7 5 0 0 0 3 8 2 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 66177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 10 1906 Past 6 P.M.
4. *Place of Birth, (Street and Number)* 1502 Fleet
5. *Full Name of Mother,* Florence Hopkins
6. *Mother's Maiden Name,* Florence Hall
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Edward Hopkins
9. *Father's Occupation* Butler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Guy A. Elwell M.D.

Address, 1502 Fleet

Remarks,

8950003823

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 20 June
4. *Place of Birth, (Street and Number)* 1222 Chase St.
5. *Full Name of Mother,* Marie Theilman
6. *Mother's Maiden Name,* Franz
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Eduard Theilman
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. Central Avenue

Remarks,

8950003824

Wm. J. C. Dulany Co., City Printers and Stationers.

Whenever a child is born, it shall be the duty of the physician or midwife in attendance upon the mother, or of the parent or parents of such child, or of the occupant of the premises where such birth occurs, to report to the Commissioner of Health, within ten days after such birth, the full name and occupation of its parents, the date and place of birth, and the name and occupation of the person making the report, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the number (if any) of the child (whether first, second, third, &c.) born of the mother, and the number (if any) of such births which have been conferred) its sex; color, the full name and occupation of its parents, the date and place of birth, and the number (if any) of the child (whether first, second, third, &c.) born of the mother, and the number (if any) of such births which have been conferred, duly signed by the practitioner in the form of a certificate between the first and second day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second day of each and every month to the office of the Commissioner of Health. In case the birth of any child should occur without the attendance of a physician or practitioner of such third day of each and every month to the office of the Commissioner of midwifery, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall become the duty of the period above required, and it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 20 June
4. Place of Birth, (Street and Number) 1132 Chas St.
5. Full Name of Mother, Kate Hoffman
6. Mother's Maiden Name, Burns
7. Mother's Birthplace, Balt.
8. Full Name of Father, John Hoffman
9. Father's Occupation, Bell.
10. Father's Birthplace, Anna Walter

Name of Medical Attendant, or other person who makes this Return,

Address, 928 N. Eut. St.

Remarks,

8950003825

Wm J C Dulany Co., City Printers and Stationers.

...n of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its ...said schedule shall be delivered, duly signed by the practitioner in ...third day of each and every month to the office of the Commissioner ...shall occur without the attendance of a physician or practitioner ...attendance upon the mother, immediately thereafter it shall become ...child to report its birth to the Commissioner of Health, in the manner ...any such person or persons who shall hereafter fail to comply with ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20th June
4. *Place of Birth, (Street and Number)* 824 Chesapeake St
5. *Full Name of Mother,* Mollie Kratz
6. *Mother's Maiden Name,* Mollie Bush
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Henry Kratz
9. *Father's Occupation,* Canmaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Harry I Swayne

Address, 824 Canton St

Remarks,

8 7 5 0 0 3 8 2 4

month, and shall set forth as far as the same can be ascertained the date and place of birth and the name, the full name and occupation of its parents, the date and place of birth and the been conferred) its sex, color, the full name and occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 7 d.

1. *Sex,* (*state whether male or female*)
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* June 20. (8. 30. P. M.)
4. *Place of Birth,* (*Street and Number*) 18. Gould's Lane, S. Balto.
5. *Full Name of Mother,* Elizabeth Stark,
6. *Mother's Maiden Name,* Bayer.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Heinrich Louis Stark,
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Ambach - Bayern - Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. B. Kanne, for the

Address, Mothers Relief Society, 632. N. Fremont Ave

Remarks,

8 9 5 0 0 0 3 8 2 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 66182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* 2d June 1895
4. *Place of Birth, (Street and Number)* 324 3½ St
5. *Full Name of Mother,* Mary Wilson
6. *Mother's Maiden Name,* Mary Reed
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Chas. Wilson
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Houghton Bayless M.D.

Address, 320 E 21 St

Remarks,

8 9 5 U 0 0 3 8 2 8

Health. This schedule must be filled out as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 66183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 June
4. *Place of Birth, (Street and Number)* 1116 Pentecostal Alley
5. *Full Name of Mother,* Minna Schoen Reinhart
6. *Mother's Maiden Name,* Bruttomesso
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* John Schoen
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm Bauer

Address, 711 N. Gilmor St

Remarks, 1895 0007029

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the name, and shall set forth as far as the same can be ascertained the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 20/95
4. *Place of Birth, (Street and Number)* 1143 Little Mc Elderry St
5. *Full Name of Mother,* Becky Rosenberg
6. *Mother's Maiden Name,* " Brennan
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Levi Rosenberg
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Poland Russia

Name of Medical Attendant, or other person who makes this Return. J. C. Ohlendorf M.D.

Address, 1187 N. Bond St

Remarks,

8950003830

month, and shall set forth such facts as the same can be ascertained; the name of every child born alive shall be recorded as the same shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 21 st June
4. *Place of Birth, (Street and Number)* 1105 Ridgely St.
5. *Full Name of Mother,* Theresa Fuller Flatkung
6. *Mother's Maiden Name,* Baltimore
7. *Mother's Birthplace,* Father Trupper
8. *Full Name of Father,* Trupper
9. *Father's Occupation* Saltpeter
10. *Father's Birthplace,* Saltpeter

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Broadway

Remarks, 8 9 5 0 0 0 3 8 3 1

month, and shall set forth as far as the same can be ascertained, the name of each child born alive, and the date and place of birth, and the number of its parents, the date and place of birth, and the full name and occupation of the father; and shall set forth as far as the same can be ascertained the date and place between the first and ...tion of its parents, the date and place of birth, and the full name and occupation of the father; and shall set forth as far as the same can be ascertained the date and place between the first and ...ctitioner in the form of a certificate between the birth of any child ...tion of its parents, the date and place of birth, and the full name and occupation of the father; and shall set forth as far as the same can be ascertained the date and place between the first and ...ctitioner in the form of a certificate between the birth of any child been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the ...tion of its parents, the date and place of birth, and the full name and occupation of the father; and shall set forth as far as the same can be ascertained the date and place between the first and ...ctitioner in the form of a certificate between the birth of any child been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the full name and occupation of the father; and shall set forth as far as the same can be ascertained the date and place between the first and ...ctitioner in the form of a certificate between the birth of any child been conferred) its sex, color, duly signed by the pract

RETURN OF A BIRTH. 66186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 21. June.
4. *Place of Birth, (Street and Number)* N- 1931. Fairmount. Ave.
5. *Full Name of Mother,* Sophie Stichel.
6. *Mother's Maiden Name,* Sophie Feige.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John Stichel.
9. *Father's Occupation* Tinner.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Marie Kloss.

Address, N-1933. Fairmount-Ave.

Remarks,

B 4 5 0 0 0 3 8 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, born of such mother, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* June 27
4. *Place of Birth, (Street and Number)* 108 Pratt St
5. *Full Name of Mother,* Hannah Healy
6. *Mother's Maiden Name,* " Kearney
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick Healy
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Mc Morgan

Address, Mrs Mc Morgan

Remarks, 112 Pratt St

8750038333

Wm. J. C. Dulany Co., City Printers and Stationers.

66188

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 21/95
4. Place of Birth, (Street and Number) 226 S. Madeira Str.
5. Full Name of Mother, Josephina Schoenhof
6. Mother's Maiden Name, " Rubenstein
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Schoenhof
9. Father's Occupation Cannmaker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

1895 0007034

Wm. J. C. Dulany Co., City Printers and Stationers.

...pation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation ...been conferred, duly signed by the practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child ...third day of each and every month to the office of the Commissioner, or should no other person be in ...shall occur without the mother, immediately thereafter it shall become the duty of the person or parents of such ...attendance upon the mother, immediately thereafter it shall become the duty of the person or practitioner of midwifery, or ...child to report its birth to the Commissioner of Health, in the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Girl

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21 June
4. *Place of Birth, (Street and Number)* Bethel st. 602
5. *Full Name of Mother,* Mary Bystry
6. *Mother's Maiden Name,* Consorena Pole
7. *Mother's Birthplace,* Peter Bystry
8. *Full Name of Father,* Workman
9. *Father's Occupation,* Pole
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, S. Bond St 838

Remarks, 8 7 5 0 0 0 7 8 3 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as to the same the name and occupation of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner in case the birth of any child
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name-Helen S. Rullman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 21st. 1895

4. *Place of Birth, (Street and Number)* Balto. - 2d 600 Hopkins Ave

5. *Full Name of Mother,* Fannie A. Rullman

6. *Mother's Maiden Name,* Colley

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* August H. Rullman

9. *Father's Occupation* Carpenter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Maryalia Hopkins Ave 1625

Remarks, 156

B 2 5 0 0 0 7 8 3 6

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RETURN OF A BIRTH. 66191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 January 1895
4. *Place of Birth, (Street and Number)* 1124 Light St
5. *Full Name of Mother,* Lula M Wallis
6. *Mother's Maiden Name,* Merdick
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Frank Wells
9. *Father's Occupation* Glassblower
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E A Brooks

Address, 1128 Light St

Remarks, Living Well

8750003837

Wm. J. C. Dulany Co., City Printers and Stationers.

mouth, and shall set forth as far as the same can be ascertained, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) ~~White~~ Colored

3. Date of Birth, June 21st 95

4. Place of Birth, (Street and Number) 1407 South St.

5. Full Name of Mother, Hattie Lee Gerby

6. Mother's Maiden Name, " Lee

7. Mother's Birthplace, Virginia

8. Full Name of Father, Winfield Gerby

9. Father's Occupation Porter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, William Kroh M.D

Address, 1304 W. Lafayette Ave

Remarks, 8950073833

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Health. This section shall contain the full name of each child, if any shall have been ascertained; the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 66193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Mulatto
3. Date of Birth,	June 21 - 1895
4. Place of Birth (Street and Number),	907 N. Eutaw St
5. Full Name of Mother,	Mrs Thos Randolph
6. Mother's Maiden Name,	
7. Mother's Birthplace,	
8. Full Name of Father,	Thomas Randolph
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	Edwin K Ballard M.D.
Address,	
Remarks,	Forceps delivery

1895 0007839

The Baltimore Publishing Co., City Printers and Stationers.

and shall set forth as far as the same can be ascertained the full name of the child; and the said schedule
s parents, the date and place of birth; and the said schedule
e form of a certificate between the first and third day of
f Health. In case the birth of any child shall occur without
ry, or should no other person be in attendance upon the
of the person or parents of such child to report its birth to
he period above required, and any such person or persons
this section shall be subjected to the fine of ten (10) dollars
tures are recoverable.

RETURN OF A BIRTH. 66194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 22nd 1895
4. Place of Birth, (Street and Number) 606 S. Bethel Street
5. Full Name of Mother, Amela Leonard
6. Mother's Maiden Name, Amela Geller
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Frederick Leonard
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave Balto Md.

Remarks, 8950003840

Wm J. C. Dulany Co., City Printers and Stationers.

d occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 22
4. *Place of Birth, (Street and Number)* 1117 Robinson St Baltimore
5. *Full Name of Mother,* Augustia L Hohmon
6. *Mother's Maiden Name,* " Siemon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Hohmon
9. *Father's Occupation* " Shoemaker
10. *Father's Birthplace,* " Germany

Name of Medical Attendant, or other person who makes this Return, Mrs F Fiesemann

Address, 1225 Hart street

Remarks,

6 9 5 0 0 0 3 8 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex, (state whether male or female)* Baby
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 22 1895
4. *Place of Birth, (Street and Number)* Baltimore av Hoadley
5. *Full Name of Mother,* Mrs L Augusta
6. *Mother's Maiden Name,* Baltimore
7. *Mother's Birthplace,* Carroll Co Md
8. *Full Name of Father,* Labar
9. *Father's Occupation* Baltimore
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Martha E King

Address, 545 Richard av Baltimore

Remarks,

1895 0003842

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the date and place of birth; and the
ate between the first and
the birth of any child
person be in
parents of such
required, and
be sub-
forfeitures are recoverable.

RETURN OF A BIRTH. 66197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 nd June
4. Place of Birth, (Street and Number) 909 ~~Park~~ Patapsco
5. Full Name of Mother, Harry. Owens
6. Mother's Maiden Name, Harry. Kiggins
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles. Owens
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Harry Dwayne

Address, 824 Canton St

Remarks,

8750073845

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the name, the date and place of birth of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

66198

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 22nd 1895
4. Place of Birth, (Street and Number) Hanover St No 1217
5. Full Name of Mother, Pauline E. Francke
6. Mother's Maiden Name, Pauline E. Hotopp
7. Mother's Birthplace, Charlottesville Va
8. Full Name of Father, Martin C Francke
9. Father's Occupation Merchant
10. Father's Birthplace, Indianapolis Ind.

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 800 Leadenhall St

Remarks,

0750003844

mother, and shall also state the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

OTHER NAME ADDED. 4-18-55

66199

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ethel Marie Darlton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 June 1895
4. *Place of Birth, (Street and Number)* Lanvale ~~St~~ 1516
5. *Full Name of Mother,* Ameil E Darlton
6. *Mother's Maiden Name,* Ameil E Wilson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ulric Darlton
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Marie Elias Hopkins Ave 1625.

Remarks,

157

month, and shall set forth as to the same child the date and place of birth; and the occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or midwifery, or should no other person or practioner of midwifery, or of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 66200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 22 - 95.
4. Place of Birth, (Street and Number) 1628 N. Eden Str
5. Full Name of Mother, Anna Pavlak
6. Mother's Maiden Name, Anna Urnak
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Vincent Pavlak
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephian Conrad

Address, 621 Barnes St Baltimore Md

Remarks,

B 7 5 0 0 0 3 8 4 6

Attention is hereby called to the fact that the name of each child, and the date and place of birth, and the name, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color,

RETURN OF A BIRTH. 66201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 23 April 1895

4. Place of Birth, (Street and Number) 322 S. Sharp St

5. Full Name of Mother, Annie F. Stedman

6. Mother's Maiden Name, [illegible] Gurley

7. Mother's Birthplace, Richmond, Va.

8. Full Name of Father, Alexander F. Stedman

9. Father's Occupation, Clerk

10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return, Wm E. Brooks

Address, 16 28 Eutaw St

Remarks, Dang Well

64500073847

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-23-5-8

RETURN OF A BIRTH. 66202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) John M. Kiel	6te
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	22 d of June 05
4. Place of Birth, (Street and Number)	947 Milton Ave
5. Full Name of Mother,	Marie Kiel
6. Mother's Maiden Name,	Marie Brüner
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Carl Kiel
9. Father's Occupation	Upholsterer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	216 W Pratt St.
Remarks,	

+ 8 9 5 0 0 0 3 8 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 22, 1895.
4. Place of Birth, (Street and Number) 250 Cedar ave.
5. Full Name of Mother, Sarah Virginia Yeager
6. Mother's Maiden Name, Lee Jr.
7. Mother's Birthplace, Md.
8. Full Name of Father, Peter Franklin Yeager.
9. Father's Occupation Laborer.
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

6 5 0 0 3 8 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

e ascertained the full name and place of birth; and the
month, and shall set forth as far as the same can be ascertained the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 22 of June 1895
4. *Place of Birth, (Street and Number)* 2274 Front st
5. *Full Name of Mother,* Amy Moyers
6. *Mother's Maiden Name,* — Meehan
7. *Mother's Birthplace,* in Baltimore md.
8. *Full Name of Father,* William Moyers
9. *Father's Occupation,* Karpenter
10. *Father's Birthplace,* in Baltimore md.

Name of Medical Attendant, or other person who makes this Return, J. Flenden M. D.

Address, 143 n. Front st

Remarks,

8 9 5 0 0 0 3 8 5 0

(been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attending physician or midwife, if any, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male - Hilbert H.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 23rd 1895
4. *Place of Birth, (Street and Number)* 6 Union Ave
5. *Full Name of Mother,* Minnie Lang
6. *Mother's Maiden Name,* M. Beck
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry J. Degen
9. *Father's Occupation* Bill Player
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Geo Hulbert

Address, 1600 N. Chuck

Remarks,

0 9 5 0 0 0 3 8 5 1

month, and shall set forth as to the same all the facts and information of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4t
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 of Juni 1895.
4. Place of Birth, (Street and Number) 1817 Orleans St
5. Full Name of Mother, Laura Coburn
6. Mother's Maiden Name, Laura Burns
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Georg Coburn
9. Father's Occupation, Stonmason
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Hille
Address, 207 N. Castle St.
Remarks, 8950073652

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 23th 1895
4. *Place of Birth, (Street and Number)* 110 E Lexington St.
5. *Full Name of Mother,* Ida Helene Grosche
6. *Mother's Maiden Name,* Lieutenant.
7. *Mother's Birthplace,* Sweden Germany
8. *Full Name of Father,* Gustav Adolph Grosche
9. *Father's Occupation* Piano maker
10. *Father's Birthplace,* Swiss Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Eutaw st

Remarks, 6950078553

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

mouth, and shall set forth the name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23rd June 91
4. *Place of Birth, (Street and Number)*	22 Stoffort St.
5. *Full Name of Mother,*	Marij Rapel
6. *Mother's Maiden Name,*	Marij Kohl
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Wensel Rapel
9. *Father's Occupation*	Brauer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W. Pratt St.
Remarks,	

B 895000385 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 66209

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 23rd 1895
4. *Place of Birth (Street and Number)*	525 Colvin St
5. *Full Name of Mother*	Mary Suter
6. *Mother's Maiden Name*	Reis
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Robert Suter
9. *Father's Occupation*	Confectioner
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Samuel Brek M.D.
Address	314 N Eutaw St
Remarks	

1895U003855

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the names, residences, and places of birth of parents, the date and place of birth; and the number of children of the mother, and the number of children born alive, and the number now living, and the date of the first and last child born alive; and the number of children born alive and now dead, and the date of the death of each child, and the number of children born dead, and the date of each birth; and the number of children born dead, and the date of each birth; and the number of children born dead, and the date of each birth;

RETURN OF A BIRTH. 66211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	M
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	June 23rd ~~May 10th~~ 1895
4. *Place of Birth, (Street and Number)*	143 E North Av
5. *Full Name of Mother,*	Cora B ~~Roderick~~ Tait
6. *Mother's Maiden Name,*	Smith
7. *Mother's Birthplace,*	N. Y.
8. *Full Name of Father,*	Roderick H. Tait
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Nova Scotia
Name of Medical Attendant, or other person who makes this Return.	D. R. Winslow,
Address,	1900 Mt Royal Terrace
Remarks,	

B 5 6 0 6 7 6 5 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 66212

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 23rd 1895
4. *Place of Birth (Street and Number)*	1005 Hillen St
5. *Full Name of Mother*	Emma L Watson
6. *Mother's Maiden Name*	Carr
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	Walter H Watson
9. *Father's Occupation*	Tobacconist
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this return	Sam'l McElwee
Address	314 N Eutaw St
Remarks	

8 9 5 0 0 3 8 5 8

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 66213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8950038 59

month, and shall set forth as to the same the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of the practitioner in the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 24
4. *Place of Birth, (Street and Number)* #244 Broadway
5. *Full Name of Mother,* Katie Fuckay / Katie Idol
6. *Mother's Maiden Name,* Baltz
7. *Mother's Birthplace,* John H Fricky
8. *Full Name of Father,* Tin & sheet-iron worker
9. *Father's Occupation* Balte
10. *Father's Birthplace,* Mary A. Portner

Name of Medical Attendant, or other person who makes this Return, #244 E. Chester

Address,

Remarks,

0 5 5 0 0 0 3 8 6 0

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 4-7-57

RETURN OF A BIRTH. 66215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Otto James Benner Jr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, June 24 1895
4. *Place of Birth*, (Street and Number) 630 Lombard St
5. *Full Name of Mother*, Amelia Benner
6. *Mother's Maiden Name*, Amelia Rickl
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Otto Benner
9. *Father's Occupation* Clerk
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return, Hollyoak Bros

Address, 734 W Lexington St

Remarks,

1895 006661

month, and shall set forth as far as the same can be ascertaine... ne of each child, (if any shall hav... been conferred) its sex, color, the full name and occupation of ... ..rts. the date and place of birth; and the said schedule shall be delivered, duly signed by the practitio... ..form of a certificate between the first and third day of each and every month to the office of the Co... ..the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practi... ..r practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 24th 1895
4. Place of Birth, (Street and Number) 1409 Mullikin st.
5. Full Name of Mother, Eva Irene Stortz Schellenschlager
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Fred. H. W. Stortz
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M. D.

Address, 1219 N. Caroline st.

Remarks, 1895 0 0 0 3 8 6 2

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cupation of its parents, the date and place of birth, and the
been conferred) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practitio
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or pract
attendance upon the mother, immediately thereafter it sh
child to report its birth to the Commissioner of Health, in t
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to be re
practitioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
practitioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
Health, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 27 1895
4. *Place of Birth, (Street and Number)*	1032 N Carey St
5. *Full Name of Mother,*	Susan V. Polly
6. *Mother's Maiden Name,*	Susan V. Dunnavant
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	James P. R. Polly
9. *Father's Occupation*	Plumber
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	
Address,	
Remarks,	

0 9 5 0 0 0 3 8 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June 24/95
4. *Place of Birth, (Street and Number)*	309 S. Collington av.
5. *Full Name of Mother,*	Maggie Kausler
6. *Mother's Maiden Name,*	" Shinnick
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Joseph Kausler
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Rud. Mansfield M.D.
Address,	129 S Broadway
Remarks,	

B 7 5 0 0 3 8 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 24 Jun
4. *Place of Birth, (Street and Number)* 2422 Duncan Alley
5. *Full Name of Mother,* Rachel Smakum
6. *Mother's Maiden Name,* Rachel White
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Louis Smakum
9. *Father's Occupation* Coachman
10. *Father's Birthplace,* Ellicot City

Name of Medical Attendant, or other person who makes this Return, Mary A. Palmer

Address, 24 E. Chestnut

Remarks,

U 75 U 003865

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, physician or practitioner of midwifery, who shall attend upon any birth, shall, within ten days after the birth has been consummated, report to the Commissioner of Health, in the form of a certificate the full name and residence of the parents, the sex, color, the full name and place of birth of the child, and such other facts as may be required by the Commissioner of Health, and shall deliver the said certificate to the practitioner in attendance, or if there be no practitioner in attendance, shall deliver the said certificate at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 June
4. *Place of Birth, (Street and Number)* Baltimore 1117 S Paca St
5. *Full Name of Mother,* Mary Niemann
6. *Mother's Maiden Name,* Mary Muhlhoff
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry C Niemann
9. *Father's Occupation* Boxmaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Lang
Mt St. Cross Sch

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

...and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the been conferred; its sex, color, the full name and residence of the parents, the date and place of birth, and the certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Qww

RETURN OF A BIRTH. 66221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child (Arthur T. Lay) Albert Ross

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) X male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 24

4. Place of Birth, (Street and Number) No 772 w Cross street

5. Full Name of Mother, Lizzie J. Lay

6. Mother's Maiden Name, Lizzie J. taylor

7. Mother's Birthplace, Baltimore md

8. Full Name of Father, August F. Lay

9. Father's Occupation, Store keeper

10. Father's Birthplace, Harford County md

Name of Medical Attendant, or other person who makes this Return, Mrs Bowe

Address, 711 N. Gilmor st

Remarks, 8950003867

month, and shall set forth as far as the same or the address of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 24 June
4. *Place of Birth, (Street and Number)* 551 W. Hoffman st
5. *Full Name of Mother,* Frances L Briscoe
6. *Mother's Maiden Name,* Frances L Beale
7. *Mother's Birthplace,* Frederick City
8. *Full Name of Father,* Lewis J Briscoe
9. *Father's Occupation* Porter in Store
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, Mary J. Fossett

Address, Mary J L 563 W. Dolphin St.

Remarks,

8 7 5 0 0 0 3 8 6 8

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month, and shall set forth as near as the same can be ascertained the same particulars as are required to be stated in regard to births; and the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 24/95
4. *Place of Birth, (Street and Number)*	Maternity 114+115 N. Lombard St
5. *Full Name of Mother,*	Annie Howard
6. *Mother's Maiden Name,*	Annie Simpson
7. *Mother's Birthplace,*	Maryland.
8. *Full Name of Father,*	Clarence Howard
9. *Father's Occupation*	Waiter
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other person who makes this Return,	Chas. E. Brack M.D.
Address,	113+115 N. Lombard St
Remarks,	

month, and shall set forth its name and surname (if it has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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upation of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
r practioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
h, in the manner and within the period above required, and
o comply with the provisions of this section shall be sub-
be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 24th 1895

4. *Place of Birth, (Street and Number)* Baltimore Md 2530 Elliott

5. *Full Name of Mother,* Mary Ada Mojarrieta

6. *Mother's Maiden Name,* Mary Ada Shorter

7. *Mother's Birthplace,* Charles County Benedict Md

8. *Full Name of Father,* Victor Mojarrieta

9. *Father's Occupation* Rail Road Brakeman

10. *Father's Birthplace,* New Orleans Louisiana

Name of Medical Attendant, or other person who makes this Return. Mrs. Burkard

Address, Bouldin st. 1066

Remarks,

' 8 9 5 U 0 0 3 8 7 0

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RETURN OF A BIRTH. 66220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. *Sex, (state whether male or female)*	Boy.
2. *Race or Color, (if not of the white race)*	white.
3. *Date of Birth,*	24. June.
4. *Place of Birth, (Street and Number)*	N. 1520. Gay street
5. *Full Name of Mother,*	Barbara Scheyt.
6. *Mother's Maiden Name,*	Barbara Yeblick.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Otto Scheyt.
9. *Father's Occupation*	Brewery
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	Henry Gloss.
Address,	N. 1933. Fairmount Ave.
Remarks,	

8 9 5 0 0 0 3 8 7 1

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...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have ...month; and the name conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

66226

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 25th
4. *Place of Birth, (Street and Number)*	No. 421 N Charles St
5. *Full Name of Mother,*	Flora Grindall
6. *Mother's Maiden Name,*	Alberta Caughey
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas L. Grindall
9. *Father's Occupation*	Dentist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	H Jon Rines
Address,	400 Cathedral St.
Remarks,	Still Birth.

B 7 5 0 0 0 3 8 7 2

month, and shall set forth as far as the same can be ascertained the name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 66227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25th 95.
4. Place of Birth, (Street and Number) 925 N. Central ave.
5. Full Name of Mother, Ida R. Hubbard
6. Mother's Maiden Name, Ida R. Mettee
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Geo. W. Hubbard
9. Father's Occupation, Driver
10. Father's Birthplace, Balto, Md.

Name of Medical Attendant, or other person who makes this Return, Charles K. A. Meyer M.D.

Address, 1019 N. Carolina St

Remarks, 8950003873

been conferred) its sex, color, the full name and occupation of the parents, the time and place between the first and
of the parents, the time and place between the first and
of its parents, the time and place between the first and
of a certificate between the first and
practitioner in the form of a certificate between the birth of any child
said schedule shall be delivered, duly signed by the practitioner in case the birth of any child
third day of each and every month to the office of the Commissioner of Health. In case the birth of such
shall occur without the attendance of a physician or practitioner, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 25th 1895

4. *Place of Birth, (Street and Number)* 825 Mc Henry St

5. *Full Name of Mother,* Julia E Shields

6. *Mother's Maiden Name,* Julia M Hulse

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Jefferson E Shields

9. *Father's Occupation* age 28 yrs

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs. Hunter

Address,

Remarks, 8950003874

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. [illegible] as far as the same can be ascertained, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to physician or practitioner in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the case no other person be in attendance upon the mother, Commissioner of midwifery, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 66229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 25-95
4. *Place of Birth, (Street and Number)*	159 Brown
5. *Full Name of Mother,*	Barbara Kolb
6. *Mother's Maiden Name,*	" Hammerbacher
7. *Mother's Birthplace,*	Balto. Co. Md
8. *Full Name of Father,*	Louis Kolb.
9. *Father's Occupation,*	Foreman
10. *Father's Birthplace,*	Balto. Md
Name of Medical Attendant, or other person who makes this Return.	Harry Boyd
Address,	677 Columbia Ave
Remarks,	8950003875

Health. This section shall set forth as far as the same can be ascertained the full name of each child born alive within the limits of each city, town, or district in each month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 66230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25th 95.
4. Place of Birth, (Street and Number) 929 N. Chapel ste.
5. Full Name of Mother, Emilie Wilhelm
6. Mother's Maiden Name, Emilie Daus
7. Mother's Birthplace, Russian Poland
8. Full Name of Father, Eduard Wilhelm
9. Father's Occupation, Tinner
10. Father's Birthplace, Russian Poland

Name of Medical Attendant, or other person who makes this Return, Hailes H. A. Meyer M. D.

Address, 1019 N. Caroline Str.

Remarks,

8950003876

been conferred) its sex, color, the full name and occupation of the parents of such child, the date and place of its birth, the full name and residence of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the name, residence, and occupation of its parents, the date and place of birth; and the name and occupation of the first and last physician, midwife, or other person in attendance, and shall, if required, furnish a certificate between

Health, it shall set forth as far as the same can be ascertained, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 25 1895
4. *Place of Birth, (Street and Number)* 911 1/2 St Joseph st.
5. *Full Name of Mother,* Dora Beinath
6. *Mother's Maiden Name,* Dora Villers
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Robert Beinath
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Chas E. Blewett M.D. 1711 Harford ave

Address,

Remarks,

8750038738

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15 Child.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 25th June

4. *Place of Birth, (Street and Number)* 1045 Ridgely St.

5. *Full Name of Mother,* Mary Gohlke

6. *Mother's Maiden Name,* Mary Kolz

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Julius John Gohlke

9. *Father's Occupation* Meatcutter

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Bangs

Address, 711 N. Crossb

Remarks,

8 7 5 0 0 0 3 8 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Return must be made within ten days after the birth, and if the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall be filled out as far as the same can be ascertained, the full name of child, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 25th
4. *Place of Birth, (Street and Number)* 12 N. West St.
5. *Full Name of Mother,* Wilhelmina Müller
6. *Mother's Maiden Name,* Müller
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Louis Müller
9. *Father's Occupation* Store Keeper
10. *Father's Birthplace.* Germany

Name of Medical Attendant, or other person who makes this Return. C. L. Buddenbohn

Address, 418 S. Paca St.

Remarks, 0750003880

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 25 95.
4. *Place of Birth, (Street and Number)* 2005 - Clifton St.
5. *Full Name of Mother,* Lura Bell Holland.
6. *Mother's Maiden Name,* Spirit
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Wm L. Holland
9. *Father's Occupation* Solicitor
10. *Father's Birthplace,* Richmond Va.

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Lehnortian

Address,

Remarks,

8950003881

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This screening shall contain the full name of each child born, and the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

66236

GIVEN NAME ADDED 7/13/60

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Louis Daniel ~~Patrick~~ Schopp

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 26 1895
4. Place of Birth, (Street and Number) W 218 S. Eutaw St.
5. Full Name of Mother, Lina Schopp.
6. Mother's Maiden Name, Frumgeib.
7. Mother's Birthplace, New York
8. Full Name of Father, Ludwig Schopp.
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Louis Schopp

Address, 421 Columbia Ave.

Remarks, 8950003882

been conferred) its sex, color the full name and occupation of its parents, the date and place of birth, the maiden name of the mother, and such other information as may be required by the blank forms of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 66237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 216 N Ann St
4. *Place of Birth, (Street and Number)* Mary Washington
5. *Full Name of Mother,* June 25, 1896
6. *Mother's Maiden Name,* Mary Wood
7. *Mother's Birthplace,* Lancaster Co. Va
8. *Full Name of Father,* Abram Washington
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Charlotte Co, Va

Name of Medical Attendant, or other person who makes this Return, Susan Cooper

Address, 423 N. Durham St

Remarks,

8950003883

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...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 66238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 26th. 1895

4. Place of Birth, (Street and Number) 1 Walbrook

5. Full Name of Mother, Annie Marie Hanley

6. Mother's Maiden Name, Annie Marie Shade

7. Mother's Birthplace, Baltimore Co. Md.

8. Full Name of Father, Timothy Francis Hanley

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, James A. Zapp M.D.

Address, N. E. Cor. Nottingham and E. Fayette St.

Remarks,

0 6 5 0 0 0 3 8 8 4

Health. This schedule shall contain a list of the births which have occurred in each month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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...the full name of each child, if any shall have ascertained the full name of each child; and the Health. This schedule shall contain a list of the same can be ascertained, the date and place of birth; and the month, and shall set forth as far as the same and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of the first and practitioner in the form of a certificate between the birth of any child said schedule shall be delivered, duly signed by the practitioner in the case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 26 1895
4. *Place of Birth, (Street and Number)*	1018 McCulloh St.
5. *Full Name of Mother,*	Helena Goldsborough
6. *Mother's Maiden Name,*	McManus
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry P. Goldsborough
9. *Father's Occupation*	Merchant
10. *Father's Birthplace,*	Kent County. Md
Name of Medical Attendant, or other person who makes this Return,	M. Brewer M.D.
Address,	1106 McCulloh St.
Remarks,	

8950003885

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 26 1895
4. *Place of Birth, (Street and Number)*	cor. Eastern av & Broadway
5. *Full Name of Mother,*	Mary Holden
6. *Mother's Maiden Name,*	Mary Roach
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Jno. Holden
9. *Father's Occupation*	Sexton
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	R. W. Mansfield M.D.
Address,	129 S Broadway
Remarks,	8950003886

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RETURN OF A BIRTH. 66241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 26 June 1895
4. *Place of Birth, (Street and Number)* 147 Stockholm
5. *Full Name of Mother,* Catherine Lanehart
6. *Mother's Maiden Name,* K. Weber
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert J. Lanehart
9. *Father's Occupation* Miller
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 800 Leadenhall St

Remarks,

8750003887

Wm. J. C. Dulany Co., City Printers and Stationers.

...upation of its parents, the date and place of birth, and the ...been conferred) its sex, color, the full name and occupation ...said schedule shall be delivered, duly signed by the practitio... third day of each and every month to the office of the Com... shall occur without the attendance of a physician or practi... attendance upon the mother, immediately thereafter it sha... child to report its birth to the Commissioner of Health, in th... any such person or persons who shall hereafter fail to comp... jected to the fine of ten (10) dollars for each offence, to be rec...

...practitioner in the form of a certificate between the first and ...the Commissioner of Health. In case the birth of any child ...r practioner of midwifery, or should no other person be in ...h, in the manner and within the period above required, and ...comply with the provisions of this section shall be sub... ...be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, June 26
4. Place of Birth, (Street and Number) 241 Bond st
5. Full Name of Mother, Nannie Cooper
6. Mother's Maiden Name, Frederick Md
7. Mother's Birthplace, Mack Benenton
8. Full Name of Father, Labor
9. Father's Occupation, Baltimore Md
10. Father's Birthplace, Louisa Jane

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 644 Carlton st

Remarks, 8750003888

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 26 / 1895
4. *Place of Birth, (Street and Number)* № 1 E. Montgomery St. Md.
5. *Full Name of Mother,* Catharina Dederer
6. *Mother's Maiden Name,* Catharina Köhler
7. *Mother's Birthplace,* Bernsburg Hessen Darmstadt Germany
8. *Full Name of Father,* Christoph Friedrich Dederer
9. *Father's Occupation* Carpet Weaver
10. *Father's Birthplace,* Tagsthausen Württemberg Germany

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 800 Seadenhall St

Remarks,

, 8 9 5 0 0 0 3 8 8 9

Health. The Secretary shall set forth as far as the same can be ascertained the full name of each child born, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 66544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 26- 95-
4. Place of Birth, (Street and Number) 2500 Calvin ct
5. Full Name of Mother, L Glunn
6. Mother's Maiden Name, L Diamond
7. Mother's Birthplace, Balto County
8. Full Name of Father, Robt- Glunn
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, L. F Fray

Address, 2414 Druid Hill Ave.

Remarks, 8950003890

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month, and shall set forth as the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of the first and
been delivered, duly signed by the practitioner in the form of a certificate between the
said schedule shall be delivered, duly signed by the practitioner to the Commissioner in
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of all children born alive within the city limits during each month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 26th 1895
4. *Place of Birth, (Street and Number)* 839 Linden Ave
5. *Full Name of Mother,* Alice E. Brown
6. *Mother's Maiden Name,* " " Billingsley
7. *Mother's Birthplace,* Calvert Co. Md
8. *Full Name of Father,* Henry Brown
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson M.

Address, 1124 Parkers

Remarks,

8 7 5 0 0 0 3 8 9 1

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been conferred its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	26 June
4. *Place of Birth, (Street and Number)*	106 Fayette st
5. *Full Name of Mother,*	Mamie Gagleman
6. *Mother's Maiden Name,*	Mamie Ritz
7. *Mother's Birthplace,*	Baltr.
8. *Full Name of Father,*	John Gagleman
9. *Father's Occupation*	Tobacconist
10. *Father's Birthplace,*	Baltr
Name of Medical Attendant, or other person who makes this Return,	Mary A. Perkins
Address,	241 E Chester
Remarks,	

8750038922

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5/14 at June 1895

4. Place of Birth, (Street and Number) 26 Ea St Register No

5. Full Name of Mother, Mary Fields

6. Mother's Maiden Name, Keiger

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, William Fields

9. Father's Occupation Lumper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M A Davenport

Address, 2024 E Pratt St

Remarks, all Right so far 8750003893

month, and shall set forth as far as the same can be ascertained the full name of its parents, the date and place of birth; and the name, age and residence of the mother at the time of the birth of any child born out of wedlock, the date and place of birth; and the full name and occupation of the father of such child, if the same has been conferred, in the form of a certificate between the first and second days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in said schedule shall be delivered, duly signed by the practitioner in the case of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 66348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 26 - 1895
4. *Place of Birth, (Street and Number)* 831 N. Wolfe
5. *Full Name of Mother,* Ellen V. Consentine
6. *Mother's Maiden Name,* " " Gordon
7. *Mother's Birthplace,* John G. Consentine
8. *Full Name of Father,* Balto
9. *Father's Occupation,* Paper Hanger
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary D. Allwell

Address, 1438 N. Bond St

Remarks, 8950003894

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 26, 1895
4. *Place of Birth, (Street and Number)* 914 Harmer Street
5. *Full Name of Mother,* Annie Belle Carter
6. *Mother's Maiden Name,* Annie B. Hatley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Carter
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Richmond Va
- *Name of Medical Attendant,* or other person who makes this Return, Dr Willis Gross
- *Address,* 17 Cynda St
- *Remarks,* 8950003895

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the name (if any conferred) its sex, color, the full name and occupation of the first and been conferred), duly signed by the practitioner in the form of a certificate between the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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Film G511 9-23-77 LW

CERTIFICATE AMENDED

RETURN OF A BIRTH. 66250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: EVA GUNZEL MAN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	26 June, 1875
4. *Place of Birth, (Street and Number)*	76 N Collington Gunzelman
5. *Full Name of Mother,*	Annie, Kunzelmann
6. *Mother's Maiden Name,*	Annie Fry
7. *Mother's Birthplace,*	Balto Gunzelman
8. *Full Name of Father,*	Caspar Kunzelmann
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mary A Bertner
Address,	24 N Chester
Remarks,	FILED 1875

8950003896

been committed, its sex, color, the full name and occupation of its parents, the time and place of birth, and the name and residence of the physician or midwife, if any, present at the birth, and whether the child was born alive or dead. The certificate shall be given in the form of a certificate between the first and second days of each month, and every certificate shall be delivered, duly signed by the practitioner in the manner in the said schedule shall be delivered every month to the office of the Commissioner of Health. In case no other person be in attendance, the certificate shall be given by the physician or practitioner of midwifery, or should no other person or physician or midwife be in attendance, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 26th 1895
4. *Place of Birth, (Street and Number)*	1627 Fleet St.
5. *Full Name of Mother,*	Laura Ingraham
6. *Mother's Maiden Name,*	Laura Coates
7. *Mother's Birthplace,*	Charles Co Md
8. *Full Name of Father,*	Charles L. Winston
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Washington Co
Name of Medical Attendant, or other person who makes this Return,	Mary Dorsey
Address,	1609 Lanman Ave
Remarks,	Healthy.

8975 0003897

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2nd Child

1. *Sex*, (*state whether male or female*) Male

2. *Race or Color*, (*if not of the white race*) Colored

3. *Date of Birth*, June 26th 1895

4. *Place of Birth*, (*Street and Number*) 1103 Pleasant Alley

5. *Full Name of Mother*, Martha A Whitelock

6. *Mother's Maiden Name*, Martha Steele

7. *Mother's Birthplace*, Dobson Co Ga.

8. *Full Name of Father*, William Whitelock

9. *Father's Occupation* Laborer

10. *Father's Birthplace*, Halifax Co Va

Name of Medical Attendant, or other person who makes this Return, Mary A Riley

Address, 1809 Lorman St

Remarks, 8 23 00 3998

Wm. C. Dulany Co., City Printers and Stationers.

66353

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 26th 95
4. *Place of Birth, (Street and Number)*	No. 713 N. Lombard St
5. *Full Name of Mother,*	Gustchen Felsenstein
6. *Mother's Maiden Name,*	Gustchen Selz
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Jacob Felsenstein
9. *Father's Occupation*	Merchant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	H. Stanton
Address,	400 Cathedral St.
Remarks,	

8 7 5 0 0 0 3 8 9 9

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the name, residence and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in attendance, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter. It shall be the duty of the person or parents, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-1-58

RETURN OF A BIRTH. 66254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ann Levi

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mother and child are well. 4.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26th of June, 1895
4. *Place of Birth, (Street and Number)* Balto. 223 Harrison st.
5. *Full Name of Mother,* Ida Levi.
6. *Mother's Maiden Name,* Rosenberg.
7. *Mother's Birthplace,* Calvary. Poland
8. *Full Name of Father,* Joseph Levi.
9. *Father's Occupation* White-washer.
10. *Father's Birthplace,* Calvary Poland.

Name of Medical Attendant, or other person who makes this Return, Eva Cohen. Mid-wife

Address, Mother and child are well.

Remarks, 232 Harrision st

8 9 5 0 0 0 3 9 0 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as the same can be ascertained the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 26th 1895
4. *Place of Birth, (Street and Number)* 1040 E. Lombard St.
5. *Full Name of Mother,* Rebecca Berlin
6. *Mother's Maiden Name,* Rebecca Blacker
7. *Mother's Birthplace,* Rossia
8. *Full Name of Father,* Cuple Berlin
9. *Father's Occupation* Pedlar
10. *Father's Birthplace,* Rossia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 27 S. Loyd St.

Remarks,

8950003901

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 66256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* June 26th
4. *Place of Birth, (Street and Number)* Jefferson St.
5. *Full Name of Mother,* Ella Neale
6. *Mother's Maiden Name,* Ella Kenyon
7. *Mother's Birthplace,* Liverpool England
8. *Full Name of Father,* John H. Neale
9. *Father's Occupation,* Electric Engineer
10. *Father's Birthplace,* New Hampshire

Name of Medical Attendant, or other person who makes this Return. L. J. Wise

Address, Waverly

Remarks,

8950003902

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 66257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 26 1895
4. *Place of Birth, (Street and Number)* Jefferson st 1811
5. *Full Name of Mother,* Mary Kinnear
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Garmen
8. *Full Name of Father,* Thos Kinnear
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Garmen

Name of Medical Attendant, or other person who makes this Return, Mary Kapatis

Address, N Washington st 205

Remarks,

0 9 5 0 0 0 3 9 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st-

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 27/95-

4. *Place of Birth, (Street and Number)* 206 N. Conway St-

5. *Full Name of Mother,* Lena Herzog

6. *Mother's Maiden Name,* Lena Heine

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Michael Herzog

9. *Father's Occupation* Brewer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, E. Mickey M.D.

Address,

Remarks,

887500039 04

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 11
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	27th of June 95
4. *Place of Birth, (Street and Number)*	2116 Mary Anna
5. *Full Name of Mother,*	Mina Kirski
6. *Mother's Maiden Name,*	Mina Gemoll
7. *Mother's Birthplace,*	Polen
8. *Full Name of Father,*	Carls Kirski
9. *Father's Occupation*	Laber
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W. Pratt St.
Remarks,	

8950003905

Wm. J. C. Dulany Co., City Printers and Stationers.

...mpation of its parents, the date and place of birth; and the ...been registered, its sex, color, the full name and occupation ...been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...been conferred, duly signed by the practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 27th 1895
4. Place of Birth, (Street and Number) 505 S. Ann Street
5. Full Name of Mother, Deana Rabber
6. Mother's Maiden Name, Deana Meyers
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, August Rabber
9. Father's Occupation, Tile Setter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave Balto Md.

Remarks, 8750003906

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June the 27 1895
4. *Place of Birth, (Street and Number)* 27 Eathond st 1007
5. *Full Name of Mother,* Catharine Krause
6. *Mother's Maiden Name,* Catharine Kumey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Howard Krause
9. *Father's Occupation* Carver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Fallon

Address, 1919 Wilkins ave

Remarks,

8950003907

month, and shall set forth as near as the same can be ascertained the date and place of birth; and the name, color, and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 5th 1895

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* ~~July~~ 27th 1895 June
4. *Place of Birth, (Street and Number)* No. 2. Clay St.
5. *Full Name of Mother,* Emma Chester
6. *Mother's Maiden Name,* .. Nelson
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Thomas. H Chester
9. *Father's Occupation.* Tin Can Maker
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return Mrs Myers

Address, No 722. Bradley St.

Remarks,

8950003908

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 66263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* June 27 95

4. *Place of Birth, (Street and Number)* 1641 E. Eager St

5. *Full Name of Mother,* Lizzie Walters

6. *Mother's Maiden Name,* Hardt

7. *Mother's Birthplace,* Frederick Md.

8. *Full Name of Father,* Louis P. Walters

9. *Father's Occupation* Upholsterer

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs Caroline Miller

Address, 1605 Walker St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the
practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person of such
er it shall become the duty of the person or parents of such
shall occur without the attendance of a physician or prac-
third day of each and every month to the office of the C
said schedule shall be delivered, duly signed by the practi
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the
attendance upon the mother, immediately thereafter it s
child to report its birth to the Commissioner of Health, in
to comply with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

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Health. This schedule shall contain the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Mulatto

3. *Date of Birth,* 27 Jan 1900

4. *Place of Birth, (Street and Number)* 1110 N Fremont

5. *Full Name of Mother,* Hattie Gleaves

6. *Mother's Maiden Name,* Hattie Martin

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Charles Gleaves

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Georgetown

Name of Medical Attendant, or other person who makes this Return, Gardner Patterson

Address, 1110 Fremont

Remarks, assisted on labor

8950003910

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 27 th 1895
4. *Place of Birth, (Street and Number)* 912 Ridgely St
5. *Full Name of Mother,* Mildred A. Seibel
6. *Mother's Maiden Name,* Mildred A Richardson
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Augustus Seibel
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Amelia Boarman

Address, 711 W Cross St.

Remarks, Satisfactory

8750003911

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same shall have been ascertained, the full name and occupation of its parents, the date and place of birth; and the name and residence of the physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as the same can be ascertained the name, the date and place of birth, and the number (if any) of its parents, the date and place of birth; and the full name and occupation of the father. Such return shall be made in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Marion Marie Shadrells

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth -

1. Sex, (state whether male or female) Female -
2. Race or Color, (if not of the white race) White -
3. Date of Birth, June 27, 1895.
4. Place of Birth, (Street and Number) Oak Hall, Liberty Road -
5. Full Name of Mother, Meade Anna Shadrells
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Woodstock, Pa -
8. Full Name of Father, Grayson Shadrells -
9. Father's Occupation Clerk to Supreme Court -
10. Father's Birthplace, Washington, D. C.

Name of Medical Attendant, or other person who makes this Return, Edward A. Holbrook, MD

Address, 714 N. Carey st.

Remarks,

8 7 5 0 0 3 9 1 2

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 27. (2. 15. A. M.)
4. *Place of Birth, (Street and Number)* 18. S. Poppleton Street.
5. *Full Name of Mother,* Laura Atkinson,
6. *Mother's Maiden Name,* Davenport.
7. *Mother's Birthplace,* Valley - Balto. Co..
8. *Full Name of Father,* Wellington, Lee Atkinson.
9. *Father's Occupation,* Bookkeeper.
10. *Father's Birthplace,* Philadelphia.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kanne for the

Address, Mother Relief Society, 632. N. Fremont St.

Remarks,

8950003913

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 June
4. *Place of Birth, (Street and Number)* Thames str. 1524
5. *Full Name of Mother,* Mary Kartovsky
6. *Mother's Maiden Name,* Krajek
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Martin Kartovsky
9. *Father's Occupation,* Workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 5 0 0 0 3 9 1 4

been conferred; its sex, color, the full name and occupation of its parents, the date of the marriage between the first and
shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child
the office of the Commissioner of Health. In case the birth of any child
a physician or practitioner of midwifery, or should no other person be in
immediately thereafter it shall become the duty of the person or parents of such
the mother, and within the period above required, and
Commissioner of Health, in the manner and within the provisions of this section shall be sub-
hereafter fail to comply with the provisions of this section shall be
persons who shall be recovered as other fines and forfeitures are recoverable.
dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 27 1895
4. Place of Birth, (Street and Number) 1415 Front St
5. Full Name of Mother, Rebecca Cotch
6. Mother's Maiden Name, Rebecca Chute
7. Mother's Birthplace, Rossia
8. Full Name of Father, Simon Cotch
9. Father's Occupation Tailor
10. Father's Birthplace, Rossia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 27 Lloyd St.

Remarks,

8 9 5 U 0 0 3 9 1 5

Wm. C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the full name of each child, if any, and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained [illegible] of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its said schedule shall be delivered, duly signed by the practitioner in third day of each and every month to the office of the Commissio shall occur without the attendance of a physician or practioner of attendance upon the mother, immediately thereafter, in the manner child to report its birth to the Commissioner of Health, in the manner any such person or persons who shall hereafter fail to comply with jected to the fine of ten (10) dollars for each offence, to be recovered

RETURN OF A BIRTH. 66270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 27 '95
4. *Place of Birth, (Street and Number)* # 652 W Lemmon
5. *Full Name of Mother,* Katherine McGuire
6. *Mother's Maiden Name,* Katherine McGuire
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Unknown
9. *Father's Occupation* Unknown
10. *Father's Birthplace,* unknown

Name of Medical Attendant, or other person who makes this Return, R B Kempton

Address, N.E. Cor. Green & Mulberry Sts

Remarks,

8750003916

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White race

3. *Date of Birth,* Twenty-first June

4. *Place of Birth, (Street and Number)* 821 Eastern Avenue

5. *Full Name of Mother,* Sarah Catherine Snyder

6. *Mother's Maiden Name,* Sarah Catherine Leland

7. *Mother's Birthplace,* Baltimore County

8. *Full Name of Father,* Charles Edward Snyder

9. *Father's Occupation* Fireman

10. *Father's Birthplace,* Texas

Name of Medical Attendant, or other person who makes this Return, Jno. Chamberlayne

Address, 1534 Eager Street

Remarks,

B 7 5 0 0 0 3 9 1 7

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 66212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	28th June 95
4. *Place of Birth, (Street and Number)*	#235 Parkin st
5. *Full Name of Mother,*	Lillie Miller
6. *Mother's Maiden Name,*	Lillie Palmer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm G. Miller
9. *Father's Occupation*	Tinner
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Susan Hunter
Address,	23 N Appleton St
Remarks,	6 9 5 0 0 0 3 9 1 8

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the mother, immediately thereafter fail to comply with the provisions of this section shall be sub- attendance upon the mother, in the manner and within the period above required, and ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. child to report its birth to the Commissioner of Health, or should no other person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 25
4. *Place of Birth, (Street and Number)* 257 Linden Ave
5. *Full Name of Mother,* Katie Hannefield Thaller
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Hannefeldt
9. *Father's Occupation* Hostler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

B 9 5 0 0 0 3 9 1 9

month, and shall set forth as far as the same can be ascertained, the full name and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the name, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 1st

1. *Sex,* (*state whether male or female*) Female.
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* June 28, 1895.
4. *Place of Birth,* (*Street and Number*) 404 Aisquith St.
5. *Full Name of Mother,* Stella T. Dunn
6. *Mother's Maiden Name,* Stella T. Penty.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George A. Dunn.
9. *Father's Occupation,* Post Office clerk.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke, M.D.

Address, 914 N. Charles St.

Remarks,

8950003920

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 66575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male - Colored

2. Race or Color, (if not of the white race)

3. Date of Birth, June 25th 1895

4. Place of Birth, (Street and Number) 1105 Federal St

5. Full Name of Mother, Essie M. Donald

6. Mother's Maiden Name, Bettinger

7. Mother's Birthplace, Broad Brook

8. Full Name of Father, Electrician

9. Father's Occupation Baltimore

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Geo. Finn Miller

Address, 1600 N. Clark St

Remarks,

0 7 5 0 0 0 3 9 2 1

month, and shall set forth as far as the same can be ascertained, the
of its parents, the date and place of birth and the
been conferred, its sex, color, the full name and occupation of its
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 66276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 28/95

4. *Place of Birth, (Street and Number)* 218 N. Collington Ave.

5. *Full Name of Mother,* Lina Sanders

6. *Mother's Maiden Name,* " Rommels

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Theodore J. Sanders

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

B45U007922

Wm. J. C. Dulany Co., City Printers and Stationers.

Within thirty days after the birth of any child in Baltimore City, the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 th June 1895
4. *Place of Birth, (Street and Number)* 425 S Regester st
5. *Full Name of Mother,* Elizabeth Gannon
6. *Mother's Maiden Name,* Feunfelter
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Frederick Gannon
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, M A Davenport

Address, 2024 E Pratt st

Remarks, Dr. Mel

8 B 3 0 0 0 3 9 2 3

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 66278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* June 28 1895

4. *Place of Birth, (Street and Number)* 614 Duncan st Balti

5. *Full Name of Mother,* Amanda Butler

6. *Mother's Maiden Name,* Amanda Dorsey

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John J Butler

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Annapolis

Name of Medical Attendant, or other Person who makes this Return. Dr. W. E. Harris

Address, Mary J. Coarsey 120 Duncan st

Remarks, Called in Dr. Harris to assist me in attending this woman

0950003924

Murphy & Co., City Printers and Stationers.

ascertained the full name of each child (if any shall have been co
parents, the date and place of birth, and the said schedule shall be
certificate between the first and third day of each and every month
birth of any child shall occur without the attendance of a Physicia
be in attendance upon the mother, immediately thereafter it shall
report its birth to the Commissioner of Health, in the manner and
or persons who shall hereafter fail to comply with the provisions of
for each offense to be recovered as other fines and forfeitures are r

Health. This schedule shall contain as full a statement as can be ascertained of the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 28th 1875
4. *Place of Birth, (Street and Number)* 527 N. Hartman Alley
5. *Full Name of Mother,* Lillie Hill
6. *Mother's Maiden Name,* Lillie Lee
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* J. Miles Hill
9. *Father's Occupation* Trailer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Park ave.

Remarks,

0750003925

Wm. J. C. Dulany Co., City Printers and Stationers.

Cow

RETURN OF A BIRTH. 66280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Edna Frida Frances Walther

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 28th 1895
4. *Place of Birth, (Street and Number)* 416 Hanover St.
5. *Full Name of Mother,* Anna Walther
6. *Mother's Maiden Name,* Hofsass
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Max E. Walther
9. *Father's Occupation* Asst. Mgr. Balto. Leaf Dept. The Am. Tob. Co.
10. *Father's Birthplace,* Eisenach, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Bluge

Address, 711 N. Greene St

Remarks,

8 9 5 0 0 0 3 9 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

month; and shall set forth as the same can be ascertained by the practitioner in the form of a certificate between the first and
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 28/96
4. Place of Birth, (Street and Number) 6 N. Caroline St
5. Full Name of Mother, Margaret Rich
6. Mother's Maiden Name, Margaret Kirkner
7. Mother's Birthplace, Balto
8. Full Name of Father, Frederick Rich
9. Father's Occupation Box Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. E. Perry M

Address, 1903 Eutaw St

Remarks,

8 7 5 0 0 3 9 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 28th 1895
4. *Place of Birth, (Street and Number)*	Ramsay st. c/o 1835
5. *Full Name of Mother,*	Emma B Hill
6. *Mother's Maiden Name,*	Emma B Stonesifer
7. *Mother's Birthplace,*	Pennsylvania Lancaster Co
8. *Full Name of Father,*	Arthur B Hill
9. *Father's Occupation*	Baltimore
10. *Father's Birthplace,*	machinist
Name of Medical Attendant, or other person who makes this Return,	Miss S Gilles
Address,	c/o 1922 Wilkins Ave
Remarks,	

8 9 5 0 0 0 3 9 2 8

month, and shall set forth as far as the same can be ascertained, the full name of each child born alive, and not previously reported, and the sex, color, and date of birth of each such child; and if no birth has been reported, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 66283

Anew

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female), Female

Name, Rose Meta Marie Albers

2. Race or Color (if not of the white race), White

3. Date of Birth, June 28th 1895

4. Place of Birth (Street and Number), 1411 Clarkson st

5. Full Name of Mother, Mary Albers

6. Mother's Maiden Name, Mary Eilermann

7. Mother's Birthplace, America

8. Full Name of Father, John E. Albers

9. Father's Occupation, Shipping Clerk

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. M. L. Hooper M.D.

Address, 1327 Hanover st

Remarks,

8750003729

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule ferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner the duty of the person or persons in attendance upon the mother, immediately thereafter to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 662.84

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 28. 1895
4. Place of Birth, (Street and Number) 316 Greenmount Ave.
5. Full Name of Mother, Mary V Bamberger
6. Mother's Maiden Name, " Regen
7. Mother's Birthplace, U. S.
8. Full Name of Father, John Franklin Bamberger
9. Father's Occupation Bricklayer
10. Father's Birthplace, U. S.

Name of Medical Attendant, or other person who makes this Return, William A. B. Gillman M.D.

Address, 5. East Biddle St.

Remarks, 8 9 5 0 0 0 3 9 3 0

month, and shall set forth as far as the same can be ascertained, the full name of each child born, if any, and the ascertained, the full name and place of birth, and the occupation of its parents, the date and place of birth, and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 28" 1895
4. Place of Birth, (Street and Number) 2425 Francis Street.
5. Full Name of Mother, Agnes May Clarke
6. Mother's Maiden Name, Agnes May Lowe
7. Mother's Birthplace, Prince George's Co. Md
8. Full Name of Father, James Owen Clark
9. Father's Occupation Time Keeper C+S Ry Co.
10. Father's Birthplace, Prince George's Co Md

Name of Medical Attendant, or other person who makes this Return, Thomas J. Talbott M.D.

Address, 1506 Retreat St.

Remarks, 8 Y 5 0 0 0 3 9 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner in case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Midwifery, or should no other person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 28th of June 1895
4. *Place of Birth, (Street and Number)* 519 Somerset st
5. *Full Name of Mother,* Bridget Wall
6. *Mother's Maiden Name,* Bridget Boylone
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James P Wall
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Jno Chas Lucas

Address, No 1057 Hanford Ave

Remarks, Bal. Md.

0 7 5 0 0 0 18952

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first 2 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28th June
4. *Place of Birth, (Street and Number)* N. 1169 Cleveland Ave
5. *Full Name of Mother,* Nora Gary Donnolly
6. *Mother's Maiden Name,* Ireland.
7. *Mother's Birthplace,* John Gary.
8. *Full Name of Father,* Labor
9. *Father's Occupation* Ireland.
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Mrs A. M. Bischoff

Address, N. 829 Columbia Ave.

Remarks,

B 7 5 0 0 0 3 9 3 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 June
4. *Place of Birth, (Street and Number)* Dillon Str. 2730
5. *Full Name of Mother,* Josefa Slavik Strzalonka
6. *Mother's Maiden Name,* Vrspe
7. *Mother's Birthplace,* Michal Slavik
8. *Full Name of Father,* Workman
9. *Father's Occupation,* Arcfe
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mary Pettl

Address, S Bond St 88

Remarks, 8 2 5 U 0 0 3 9 3 4

Wm J C. Dulany Co., City Printers and Stationers.

...pation of its parents, the date and place of birth, and the ...been conferred) its sex, color, the full name and occupation ...practitioner in the form of a certificate between the first and ...been delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child ...said schedule shall be delivered every month to the office of the Commissioner of Health, or should no other person be in ...practitioner or midwifery, or of the person or parents of such ...third day of each and every month to the office of a physician or practitioner of midwifery, or of the person or parents of such ...shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such ...shall occur without the mother, immediately thereafter it shall become the duty of the person or parents of such ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...attendance upon its birth to the Commissioner of Health, in the manner and within the period above required, and ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored race
3. *Date of Birth,* Born June 29th 1893
4. *Place of Birth, (Street and Number)* 622 Chapel St. Baltimore Md
5. *Full Name of Mother,* Emma Trimble
6. *Mother's Maiden Name,* Emma Murry
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Henry Trimble
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Allegaina County Md.

Name of Medical Attendant, or other person who makes this Return, Georgeanna Brooks

Address, 1737 E. Monument St.

Remarks, No remarks this is the full contents

8 9 5 0 0 0 3 9 3 5

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the number of children of the mother, and the date of birth of each child, if any, that have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored race
3. Date of Birth, Born June 29th 1895
4. Place of Birth, (Street and Number) 607 N. Dallas St Baltimore Md.
5. Full Name of Mother, Lucie Watkins
6. Mother's Maiden Name, Lucie Wilkerson
7. Mother's Birthplace, New Kent County Va.
8. Full Name of Father, Lewis Watkins
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Georgianna Brooks

Address, 1767 E. McMechen St.

Remarks, No remarks this is full contents

8950003936

WM. J. C. Dulany Co., City Printers and Stationers.

the name conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the number of children born to the mother, including the present birth, and whether the first and subsequent births were single or multiple. Such return shall be made by the practitioner in the form of a certificate between the first and second days after the birth, and by the parent or other person in charge of the child, in the form of a certificate to the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner or parent, to the office of the Commissioner of Health. In case the birth of any child occurs without the attendance of a physician or practitioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- child to report its birth to the Commissioner of Health, in the manner and within the period above required, and jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. *Sex, (state whether male or female)* Boy"
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 29. June.
4. *Place of Birth, (Street and Number)* 5-18. Bradfort. Street.
5. *Full Name of Mother,* Cemy" Henry".
6. *Mother's Maiden Name,* Cemy" Strob.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Erdthure Henry"
9. *Father's Occupation* Saloman.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary" Kloss.

Address, 1933. Fairmount. A.v.

Remarks,

0 0 5 0 0 0 3 9 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 29th
4. *Place of Birth, (Street and Number)* 609 S Eutaw St
5. *Full Name of Mother,* Lizzie Gurlaine
6. *Mother's Maiden Name,* Gilchrist
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* J Henry Gurlaine
9. *Father's Occupation* Foreman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Lange

Address, 711 Eutaw St

Remarks,

B 7 5 4 0 0 3 9 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Wht.

3. Date of Birth, June 29 95

4. Place of Birth, (Street and Number) Shirley Ave. (Annex)

5. Full Name of Mother, Mrs D.L. Whitely

6. Mother's Maiden Name, Annie E. Dehl

7. Mother's Birthplace, Balto.

8. Full Name of Father, David N. Whitely

9. Father's Occupation Butcher

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, E. Arnold M.D.

Address, 2505 Penna. Ave.

Remarks,

8 9 5 0 0 0 3 9 3 9

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the name of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66.294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 29 June
4. *Place of Birth, (Street and Number)* 534 N. Wright St
5. *Full Name of Mother,* Lizzie Gill
6. *Mother's Maiden Name,* Lizzie Mueller
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Walter Gill
9. *Father's Occupation* Steamman
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Fink, Midwife.

Address, 1417 E. Eager St.

Remarks,

, 8950003940

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall give the name and occupation of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 29. 95.
4. *Place of Birth, (Street and Number)* 40 Southey Alley
5. *Full Name of Mother,* Mary Serotsky
6. *Mother's Maiden Name,* Mary Sonek
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Serotsky
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr Herman Conrad

Address, 621 Barney St Baltimore Md

Remarks,

0750003941

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 29th June

4. *Place of Birth, (Street and Number)* 217 S. Paca St

5. *Full Name of Mother,* Angelina Elizabeth Lebherdt

6. *Mother's Maiden Name,* Litus

7. *Mother's Birthplace,* Middletown Ohio

8. *Full Name of Father,* Charles Jerome Johnschmidt

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Charles Bauer

Address, 711 W. Lexington St

Remarks, Satisfied

B 9 5 0 0 0 3 9 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 29/96
4. *Place of Birth, (Street and Number)* 606 S Durham St
5. *Full Name of Mother,* Lena Kaiser
6. *Mother's Maiden Name,* Lena Smith
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Michael Kaiser
9. *Father's Occupation* Cap Maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary C. Pascoe

Address, 1903 Sough St

Remarks,

875003943

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 29-18-95
4. *Place of Birth, (Street and Number)* Dulaney st No 24
5. *Full Name of Mother,* anny veith
6. *Mother's Maiden Name,* anny Lairoth
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles John veith
9. *Father's Occupation* Baker
10. *Father's Birthplace,* germany

Name of Medical Attendant, or other person who makes this Return. Mrs S K Hug

Address, No 1922 Williams Av

Remarks, 8950003944

Births. The particulars required to be ascertained, the full name of each child, (if any shall have been born since the last return,) and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

Note. The name of each child must be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 ch

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 29 1895
4. *Place of Birth, (Street and Number)* 1422 Eastern ave.
5. *Full Name of Mother,* Rebecca Ryzman
6. *Mother's Maiden Name,* Rebecca Krelovitz
7. *Mother's Birthplace,* Rossia
8. *Full Name of Father,* Hyaman Ryzman
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Rossia

Name of Medical Attendant, or other person who makes this Return, Rosa Finelberg

Address, 27 S Lloyd St

Remarks,

8 7 5 0 0 0 3 9 4 5

Wm. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED -9-1-64 66300

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: SAMUEL RACUSIN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Balto. June 24/95
4. *Place of Birth, (Street and Number)* 700 N. Charles Street Baltimore Md.
5. *Full Name of Mother,* Mollie Racusin
6. *Mother's Maiden Name,* Mollie Lipkin
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Charles Racusin
9. *Father's Occupation* Hummer
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Dr Lena Barber

Address, 41 E. York Street Baltimore Md.

Remarks,

B 7 5 0 0 0 3 9 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 8-16-51

66301

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Martha Sadowski

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex*, (state whether male or female) Girl
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, June 29 1925
4. *Place of Birth*, (Street and Number) (4 Tracy alley) 1826 Aisquith St.
5. *Full Name of Mother*, Mary Sadowska
6. *Mother's Maiden Name*, " Welzant
7. *Mother's Birthplace*, ~~Bohemia~~ Poland
8. *Full Name of Father*, Frank Sadowski
9. *Father's Occupation* ~~Tailor~~ Grocer
10. *Father's Birthplace*, ~~Bohemia~~ Poland

Name of Medical Attendant, or other person who makes this Return, Mary Hopkins

Address, Washington Hospital 205

Remarks,

0 7 5 0 0 0 3 9 4 7

Health. This schedule shall contain a list of the births which ... month, and shall set forth as far as the same can be ascertained ... been conferred) its sex, color, the full name and occupation of its ... said schedule shall be delivered, duly signed by the practitioner in ... third day of each and every month to the office of the Commissioner of ... shall occur without the attendance of a physician or practitioner of ... attendance upon the mother, immediately thereafter it shall become ... child to report its birth to the Commissioner of Health, in the manner ... any such person or persons who shall hereafter fail to comply with ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred in each family during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 29 1895
4. *Place of Birth, (Street and Number)* Chapel st 424
5. *Full Name of Mother,* Mary Schaefer
6. *Mother's Maiden Name,* Varney
7. *Mother's Birthplace,* Varney
8. *Full Name of Father,* Harry Schaefer
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Varney

Name of Medical Attendant, or other person who makes this Return, Harry Knotts

Address, N Washington 205

Remarks,

0 7 5 0 0 0 3 9 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June 29 95
4. *Place of Birth, (Street and Number)*	2116 Walbrook ave
5. *Full Name of Mother,*	Mrs. Dorothy M. Blum
6. *Mother's Maiden Name,*	" " Willich
7. *Mother's Birthplace,*	Brooklyn N Y
8. *Full Name of Father,*	August W Blum
9. *Father's Occupation*	Optician
10. *Father's Birthplace,*	Lowenstein Wertemberg Germany
Name of Medical Attendant, or other person who makes this Return,	T C Worthington
Address,	840 W Fayette
Remarks,	

0 7 5 U 0 0 3 9 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 29/95
4. *Place of Birth, (Street and Number)* 844 Woodward St
5. *Full Name of Mother,* Anne H. Hook
6. *Mother's Maiden Name,* Strott
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Charles Hook
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Maryland,

Name of Medical Attendant, or other person who makes this Return, H. W. Webner M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor

8 9 5 0 0 0 3 9 5 0

Wm J C. Dulany Co., City Printers and Stationers.

Health. This Schedule shall contain a same can be ascertained the full name of each child, if any shall have month, and shall set forth as far as the same can been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained, the full name of each child born, if any, and the ascertained, the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 30/95
4. *Place of Birth, (Street and Number)* 1106 Chesapeak Str.
5. *Full Name of Mother,* Carrie Keiner
6. *Mother's Maiden Name,* Kuhler
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Henry Keiner
9. *Father's Occupation* Tinner
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 225 Gough St.

Remarks,

B 2500073951

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 1st Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 30th 1892

4. *Place of Birth, (Street and Number)* Baltimore Ind 401 Paca St

5. *Full Name of Mother,* Kate Trenchester

6. *Mother's Maiden Name,* Kate Baltimore

7. *Mother's Birthplace,* Baltimore Ind

8. *Full Name of Father,* Lawrence F Trenchester

9. *Father's Occupation* Steam Fitter

10. *Father's Birthplace,* Baltimore Ind

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Spencer

Address, 414 S Fulton St Baltimore Md

Remarks, Mother and Child are doing well

8 7 5 0 0 3 9 5 2

Wm. J. C. Dulany Co., City Printers and Stationers

Every child born in the City of Baltimore, and the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male John A. Kipp
2. Race or Color, (if not of the white race)
3. Date of Birth, 30th June 05
4. Place of Birth, (Street and Number) 1425 Henry St
5. Full Name of Mother, Mary E. Kipp
6. Mother's Maiden Name, Bowman
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John F. Kipp
9. Father's Occupation Cutter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Chas E. Jewell

Address, 1486 E. Fort Ave

Remarks,

8950007955

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66308

GIVEN NAME ADDED. 7/1/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Myrtle Marie ~~Taylor~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 20th June 95
4. Place of Birth, (Street and Number) 1420 Channing Ave St
5. Full Name of Mother, Kate Taylor
6. Mother's Maiden Name, " Lessell
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Frank Taylor
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs E. Jewell

Address, 436 E. Fort Ave

Remarks,

695000395 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of their marriage, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* June 20 95

4. *Place of Birth, (Street and Number)* 912 Druid Hill Ave.

5. *Full Name of Mother,* Sophie Wortmann

6. *Mother's Maiden Name,* Strang

7. *Mother's Birthplace,* Franklin Ind.

8. *Full Name of Father,* Jno. H. Wortmann

9. *Father's Occupation* Clk Custom House

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M.D.

Address,

Remarks, 8750003955

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st City

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 30th
4. *Place of Birth, (Street and Number)* 17 2 Eastern St
5. *Full Name of Mother,* Ida Wamsley
6. *Mother's Maiden Name,* Holland
7. *Mother's Birthplace,* Harford Co Md
8. *Full Name of Father,* Pemberton Wamsley
9. *Father's Occupation* Seaman
10. *Father's Birthplace,* Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Mrs A Davenport

Address, 2024 E Pratt St

Remarks, Do for doing Well

F 8 7 5 0 0 3 9 5 6

Wm. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June the 30, 1899
4. *Place of Birth, (Street and Number)* 1616 Lurman st
5. *Full Name of Mother,* Mary C Fehlinger
6. *Mother's Maiden Name,* Mary C Eichelberger
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Herman M Fehlinger
9. *Father's Occupation* machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Fahey

Address, No 1922 Wilkins Ave

Remarks,

B 9 5 0 0 0 3 9 5 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 30/95
4. *Place of Birth, (Street and Number)* 2316 Orleans Str.
5. *Full Name of Mother,* Mary Hessler
6. *Mother's Maiden Name,* " Koppenhofer
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Louis Hessler
9. *Father's Occupation* Laberer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8 4 5 0 0 0 3 9 5 8

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the names of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 25 - 95

4. *Place of Birth, (Street and Number)* 2225 Oak St.

5. *Full Name of Mother,* Annie Ewell

6. *Mother's Maiden Name,* " Graves

7. *Mother's Birthplace,* Balt.

8. *Full Name of Father,* Charles H. Ewell

9. *Father's Occupation* Conductor Street Car

10. *Father's Birthplace,* King & Queen Co. Va.

Name of Medical Attendant, or other person who makes this Return, G. L. Bardenhagen

Address, 414 S. Paca St.

Remarks, 8950003959

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 3-10-55

RETURN OF A BIRTH 66314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.) Hiram Claud Yewell

1. Sex (~~state whether~~ male ~~or female~~),
2. Race or Color (if not of the white race),
3. Date of Birth, 30th June 1895
4. Place of Birth (Street and Number), 203 Bolton St.
5. Full Name of Mother, Lula Yewell
6. Mother's Maiden Name, Prather
7. Mother's Birthplace, Md
8. Full Name of Father, Henry Yewell
9. Father's Occupation, Builder
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Geo H Eyler

Address, Linden Ave & Wilson St

Remarks,

U 4500039 60

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 66315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, June 30 15.
4. Place of Birth, (Street and Number) 923 Fell Ave
5. Full Name of Mother, Stanla Sobjenski
6. Mother's Maiden Name, " Manlowska
7. Mother's Birthplace, Poland
8. Full Name of Father, Valentine Sobjenski
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Max Kraz M.D.

Address, 602 S. Bond St.

Remarks,

8950003961

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner and within the period above required, and the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, ~~3d~~, &c.)

1. *Sex*, (*state whether* ~~male~~ *or female*)
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, June 30
4. *Place of Birth*, (*Street and Number*) 104 Barney St
5. *Full Name of Mother*, Minna Hansel
6. *Mother's Maiden Name*, Minna Gerland
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, John Hansel
9. *Father's Occupation* Cabinetmaker
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return, Katie Krunch

Address, 800 Leadenhall Street

Remarks,

8750003962

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 66317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 30th 1895
4. *Place of Birth, (Street and Number)* 332. S Pulaski St.
5. *Full Name of Mother,* Helena Sundenhaff.
6. *Mother's Maiden Name,* Helena Westport
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Chas Sundenhaff.
9. *Father's Occupation,* Bristle Finisher
10. *Father's Birthplace,* Phila.

Name of Medical Attendant, or other person who makes this Return, A. V. Sarton

Address,

Remarks, Father died Suddenly, on his way for medical Service for his wife in Childbirth

8 7 5 U 0 0 0 3 9 6 3

Note. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 66318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 30/95
4. *Place of Birth, (Street and Number)* 2553 Florence St.
5. *Full Name of Mother,* Mrs. Ella Lamb.
6. *Mother's Maiden Name,* Powers
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Mr. Henry Lamb.
9. *Father's Occupation,* Mechanic
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Wm. E. Miller, M.D.

Address, 2239 Pennsylvania Ave.

Remarks,

0750003964

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 1 — 1895
4. *Place of Birth, (Street and Number)* 322 S. Caroline St.
5. *Full Name of Mother,* Maggie Phillips
6. *Mother's Maiden Name,* Willis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Holten Phillips
9. *Father's Occupation* Captain
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks,

' 8950003965

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 1st
4. *Place of Birth, (Street and Number)* 706 S. Green
5. *Full Name of Mother,* Mrs Louise B. Jones
6. *Mother's Maiden Name,* Louisa B Fiths
7. *Mother's Birthplace,* Newark
8. *Full Name of Father,* Winfield S Jones
9. *Father's Occupation* Tinsh Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Minch

Address, 900 Seadenhall St

Remarks,

8 9 5 0 0 0 3 9 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 1 — 1895
4. *Place of Birth, (Street and Number)* 1412 Gough St.
5. *Full Name of Mother,* Caroline Phillips
6. *Mother's Maiden Name,* Gebhart
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William James Phillips
9. *Father's Occupation* Letter Carrier
10. *Father's Birthplace,* Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address 1427 E. Pratt St.

Remarks,

0950003967

Wm. J. C. Dulany Co,. City Printers and Stationers.

CERTIFICATE CORRECTED 4-19-49

RETURN OF A BIRTH. 66322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Anton Swieczkowski

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. Sex, (state whether male or female) male.

2. Race or Color, (if not of the white race)

3. Date of Birth, 1 June 1922

4. Place of Birth, (Street and Number) 1222 Canton Av.

5. Full Name of Mother, Josepha (Josephine) Swieczkowska Korda

6. Mother's Maiden Name,

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Swieczkowski

9. Father's Occupation Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs P. Leiserowitz.

Address, 125 Hare street.

Remarks,

8 9 5 0 0 0 3 9 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 66323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 1st 1895
4. *Place of Birth, (Street and Number)* 1429 Biggs Ave.
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Estelle Scanlin
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Unknown
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other Person who makes this Return. James Broom M.D.

Address, 623 Mosher St.

Remarks,

John Murphy & Co., City Printers and Stationers.

8950003969

...e during the month, and shall set forth as far as the same can be ...been conferred,) its sex, color, the full name and occupation of its ...shall be delivered, duly signed by the practitioner in the form of a ...r month to the Office of the Commissioner of Health. In case the ...hysician or practitioner of midwifery, or should no other person ...t shall become the duty of the person or parents of such child to ...ner and within the period above required, and any such person ...sions of this section, shall be subjected to the fine of ten (10) dollars ...s are recoverable.

RETURN OF A BIRTH. 66324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5c
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 9th 1898
4. *Place of Birth, (Street and Number)*	1322 Hanover st
5. *Full Name of Mother,*	Agness mcgraft
6. *Mother's Maiden Name,*	Agness Barden
7. *Mother's Birthplace,*	martins burg W Va
8. *Full Name of Father,*	John mcgroft
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs S Fellas
Address,	No 1922 Wilkins Ave
Remarks,	

8 7 5 0 0 0 3 9 7 0

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 2nd 1895
4. *Place of Birth, (Street and Number)*	Wilkins Ave 2027
5. *Full Name of Mother,*	Elley S Connor
6. *Mother's Maiden Name,*	Elley S Rebold
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William J Connor
9. *Father's Occupation*	Shipping Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mar S Kelley
Address,	1922 Wilkins Ave
Remarks,	

8 9 5 0 0 0 3 9 7 1

the full name of each child, (if any shall
s parents, the date and place of birth; and
n the form of a certificate between the first
issioner of Health. In case the birth of any child
er of midwifery, or should no other person be in
become the duty of the person or parents of such
manner and within the period above required, and
with the provisions of this section shall be sub-
ered as other fines and forfeitures are recoverable.
month, and shall set forth as far as the same can
been conferred; its sex, color, the full name and occ
said schedule shall be delivered, duly signed by the practi
third day of each and every month to the office of the Commissione
shall occur without the attendance of a physician or practioner of m
attendance upon the mother, immediately thereafter it shall become
child to report its birth to the Commissioner of Health, in the manner
any such person or persons who shall hereafter fail to comply with th
jected to the fine of ten (10) dollars for each offence, to be recovered as

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RETURN OF A BIRTH. 66326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 3rd 1893
4. *Place of Birth, (Street and Number)* 677 W Lombard St
5. *Full Name of Mother,* Annie Miller
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mackall P. Bowie M.D.

Address, 677 W. Lombard St

Remarks,

· 8950003972

month, and shall set forth as far as the same ascertained the full name of each child, (if any have been conferred) its sex, color, the full name and place of birth of its parents, the date and place of birth, the said schedule shall be delivered, duly signed by the physician or practitioner in the form of a certificate between the "4 third day of each and every month to the office of the Commissioner of Health. In case the birth of any shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 (Twins)

1. Sex, (state whether male or female) Boys
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3/95
4. Place of Birth, (Street and Number) 700 S. Wolf Str.
5. Full Name of Mother, Mary Rathgeber
6. Mother's Maiden Name, " Rakels
7. Mother's Birthplace, Balto.
8. Full Name of Father, Fred. Rathgeber
9. Father's Occupation Laberer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2nd, 3rd~~, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 8
4. *Place of Birth, (Street and Number)* 731 Hanover St
5. *Full Name of Mother,* Louis Bachmann
6. *Mother's Maiden Name,* A Storm
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* G Herman Bachmann
9. *Father's Occupation* Confectioner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 850 Leadenhall St

Remarks,

B 9 5 0 0 0 3 9 7 4

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RETURN OF A BIRTH 66329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male - Harry Milton Miller Jr.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 3rd 1895
4. *Place of Birth, (Street and Number)* 609 N Germain
5. *Full Name of Mother,* Mrs Carrie Miller
6. *Mother's Maiden Name,* Carrie Mathews
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry Miller
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* ~~Md~~ Westminster Md

Name of Medical Attendant, or other Person who makes this Return — C. W. Mitchell M. D

Address, 937 Madison Ave

Remarks, Full name of child added by mother upon applying for a Transcript Louise E. Miller 5-3-32 E. Helm + Reg. Oct. 5-1932

Circular the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ET & CO., CITY PRINTERS AND STATIONERS.

births which have occurred under his or her care during the
ge ascertained the full name of each child, (if any shall have
occupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practi
third day of each and every month to the office of the C
shall occur without the attendance of a physician or prac
attendance upon the mother, immediately thereafter it s
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offence, to be r

RETURN OF A BIRTH. 66320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 4 1895
4. *Place of Birth, (Street and Number)* St Vincents Infant Asylum
5. *Full Name of Mother,* Maggie Kenney
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Not known
9. *Father's Occupation* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return. R. Le Roy Davis M.D.

Address, 600 North Aisquith

Remarks,

0 7 5 0 0 0 3 9 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 4th 1895
4. *Place of Birth, (Street and Number)* 1205 N Eden St
5. *Full Name of Mother,* Catherine L. Cover
6. *Mother's Maiden Name,* " " Dignan
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Benj F Cover
9. *Father's Occupation,* Superintendent
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N Bond St

Remarks,

8 9 5 0 0 0 3 9 7 7

Wm J C. Dulany Co., City Printers and Stationers.

been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 1st 1895
4. *Place of Birth, (Street and Number)* 1108 E Ashland Ave
5. *Full Name of Mother,* Mrs Lizzie Gracey
6. *Mother's Maiden Name,* Eble
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* William Gracey
9. *Father's Occupation* Brick Layer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Geo F. Taylor M.D

Address, 1254 E Broadway

Remarks,

8950003978

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4/95
4. Place of Birth, (Street and Number) 609 S. Durham Str.
5. Full Name of Mother, Annie Harrington Wedamson
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Daniel Harrington
9. Father's Occupation Laberer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer 2225 Gough St.

Address,

Remarks,

8950003979

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June the 4 / 1895
4. *Place of Birth, (Street and Number)* Ramsey st No 18 51
5. *Full Name of Mother,* magey morisett
6. *Mother's Maiden Name,* magey dunlap
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* Charles H morisett
9. *Father's Occupation* machinest
10. *Father's Birthplace,* richmond V A

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 1922 Wilkins Av

Remarks,

8 9 5 0 0 0 3 9 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

births which have occurred under his or her care during the
ascertained the full name of each child, (if any shall have
upation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
r practicioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
h, in the manner and within the period above required, and
comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 5th
4. *Place of Birth, (Street and Number)* 1122 N. Mount St.
5. *Full Name of Mother,* Edith May Lunman
6. *Mother's Maiden Name,* Leland
7. *Mother's Birthplace,* Charles County
8. *Full Name of Father,* Geo a Lunman
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Balto Co. Md

Name of Medical Attendant, or other person who makes this Return, B C Catlin MD

Address, 1122 N Mount st

Remarks,

8750003981

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 5th 1895
4. *Place of Birth, (Street and Number)* 2308 Pennsylvania Ave.
5. *Full Name of Mother,* Mrs. Martha Wirth
6. *Mother's Maiden Name,* Feldt
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mr. Julius Wirth
9. *Father's Occupation,* Wagon Driver
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm. E. Miller M.D.

Address, 2239 Pennsylvania Ave,

Remarks,

8950003982

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 5, 95
4. *Place of Birth, (Street and Number)* 1137 N. Eldorado St.
5. *Full Name of Mother,* Cresteny Schmidt
6. *Mother's Maiden Name,* " Tillemar
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* John Henry Schmidt
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Caroline Tuller

Address, 1605 Walker St.

Remarks,

month, and shall set forth as far as the same can be as... been conferred) its sex, color, the full name and occup... said schedule shall be delivered, duly signed by the pra... third day of each and every month to the office of the... shall occur without the mother, immediately thereafter... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

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RETURN OF A BIRTH. 66338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 & Kid

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 th June
4. Place of Birth, (Street and Number) 734 Binney St
5. Full Name of Mother, Louisa Ruley
6. Mother's Maiden Name, Louisa Smith
7. Mother's Birthplace, Balto
8. Full Name of Father, George. Ruley
9. Father's Occupation, Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Harry L Swayne

Address, 824 Canton St

Remarks,

8950003984

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6th June
4. *Place of Birth, (Street and Number)* 812 Lemmon Ave
5. *Full Name of Mother,* Fanny Sutter
6. *Mother's Maiden Name,* L Egan
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John W. Sutter
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs. D. Dirk Midwife

Address, 1417 E Eager St.

Remarks,

8950003985

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the
been conferred; its sex, color, the full name and occupation of its pa
said schedule shall be delivered, duly signed by the practitioner in th
third day of each and every month to the office of the Commissione
shall occur without the attendance of a physician or practioner of m
attendance upon the mother, immediately thereafter it shall become
child to report its birth to the Commissioner of Health, in the manner
any such person or persons who shall hereafter fail to comply with th
jected to the fine of ten (10) dollars for each offence, to be recovered as

RETURN OF A BIRTH. 66340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W. White
3. Date of Birth, June 4th 1895
4. Place of Birth, (Street and Number) 1612 Barclay St
5. Full Name of Mother, Emma C. Campbell
6. Mother's Maiden Name, " " Harford
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles A. Campbell
9. Father's Occupation Car inspector
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Dr. G. Rankin M D

Address, 1411 Jefferson Ave Waverly City

Remarks,

0750003986

month, and shall set forth as far as the same can be ascertained the following particulars, viz: the name and residence of the parents, the name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 7th
4. Place of Birth, (Street and Number) Maryland Lying in Hospital
5. Full Name of Mother, Ella Plater
6. Mother's Maiden Name, Ella Plater
7. Mother's Birthplace, Md
8. Full Name of Father, unknown
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return. Dr. Known

Address, Maryland Lying-in Hospital - Linden Ave

Remarks,

8950003987

Wm. J. C. Dulany Co., City Printers and Stationers.

Each child born in the State of Maryland, or any child born elsewhere, whose parents shall reside in the State at the time of the birth of such child, shall be entitled to have recorded in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, the name conferred upon it by its parents, the date and place of birth; and the said parents, or either of them, shall make application therefor to the said Registrar, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-23-60

RETURN OF A BIRTH. 66342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Paul Henry Foreman 1

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 7, 1895.
4. Place of Birth, (Street and Number) 67 Cedar ave.
5. Full Name of Mother, Lillian B. Foreman.
6. Mother's Maiden Name, Murnan.
7. Mother's Birthplace, Va.
8. Full Name of Father, Jackson Davis Foreman.
9. Father's Occupation Cotton Mill Operative.
10. Father's Birthplace, Ind.

Name of Medical Attendant, or other person who makes this Return, Chas. W. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 0950003988

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 66343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	14th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 7th '95
4. *Place of Birth, (Street and Number)*	624 N. German St
5. *Full Name of Mother,*	Mrs Carrie Lindenheimer
6. *Mother's Maiden Name,*	Carrie Bergmann
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Philip H. Lindenheimer
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	C. H. Mitchell M.D.
Address,	937 Madison Ave -
Remarks,	

0750003989

any name shall have been conferred,) its sex, color, the full name of each child (if
ll name and occupation of its parents, the day and
, duly signed by the practitioner, in the form of a
ery month to the Board of Health. In case the
a physician, or of a practitioner of midwifery, or
Immediately thereafter it shall then become the
birth to the Board of Health, in the manner, and
he births and deaths of illegitimate children, and
with the provisions of this section shall be subject
is other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 66344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 8th June

4. *Place of Birth, (Street and Number)* 812. Hartford Ave

5. *Full Name of Mother,* Mary Lucy

6. *Mother's Maiden Name,* Mary Toner

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Deanie Lucy

9. *Father's Occupation* Hostler

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. D. Bink Midwife.

Address, 416 E Eager St

Remarks, 8950003990

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June the 8 1898
4. *Place of Birth, (Street and Number)* fulton ave n 310
5. *Full Name of Mother,* emma E Cornthwait
6. *Mother's Maiden Name,* emma E Ernst
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* eugene R Ernst
9. *Father's Occupation* tinner and sumer
10. *Father's Birthplace,* maryland

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 19 22 Bilkins ave

Remarks,

8 9 5 0 0 0 3 9 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8th June
4. *Place of Birth, (Street and Number)* 20th Allicanna
5. *Full Name of Mother,* Harry . O'neill
6. *Mother's Maiden Name,* Harry . Burrows
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John . O'neill
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Harry L. Swayne

Address, 824 Canton St

Remarks,

8 7 5 0 0 0 3 9 9 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

...he ascertained the full name of each child, (if any shall have ...occupation of its parents, the date and place of birth; and the ...ue practitioner in the form of a certificate between the first and ...of the Commissioner of Health. In case the birth of any child ...n or practicuer of midwifery, or should no other person be in ...fter it shall become the duty of the person or parents of such ...alth, in the manner and within the period above required, and ...il to comply with the provisions of this section shall be sub-...e, to be recovered as other fines and forfeitures are recoverable.

...mber, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 8th 1895
4. *Place of Birth, (Street and Number)*	Pratt st 10 15-10
5. *Full Name of Mother,*	Elizabeth medinger
6. *Mother's Maiden Name,*	Elizabeth fisher
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles medinger
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelley
Address,	No 19-22 Wilkins Ave
Remarks,	

8 9 5 0 0 0 3 9 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-31-51

RETURN OF A BIRTH. 66348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lillian Catherine Hueter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 9th 1951
4. *Place of Birth, (Street and Number)* 206 Monroe St
5. *Full Name of Mother,* Rosina Hueter
6. *Mother's Maiden Name,* Rosina Bulz
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Lyndon Hueter
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, J. H. Commerbacher M.D.

Address, 1034 Leadenhall St

Remarks,

B 2 5 0 0 0 3 9 9 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9, 1895.
4. Place of Birth, (Street and Number) 844. Frederick Ave Ext.
5. Full Name of Mother, S. Hannah Brown.
6. Mother's Maiden Name, S. Hannah Nett
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Joseph D. Brown
9. Father's Occupation, Druggist
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, B. Mullins M.D.

Address, 952 Frederick Ave Ext

Remarks,

8950003995

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 66349½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 9, 1895
4. Place of Birth, (Street and Number) 844 Frederick ave 5th
5. Full Name of Mother, S. Hannah Brown
6. Mother's Maiden Name, S. Hannah Webb
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Joseph D Brown
9. Father's Occupation, Druggist
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, J B Mullen MD
842 Frederick ave

Address,

Remarks,

8750003996

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Every child born within the limits of this City shall be registered, and the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the full name and occupation of its parents, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

RETURN OF A BIRTH. 66330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June thu 9-18-95
4. *Place of Birth, (Street and Number)*	Bauble st No 6-11
5. *Full Name of Mother,*	Elizabeth Johnson
6. *Mother's Maiden Name,*	Elizabeth hansson
7. *Mother's Birthplace,*	Copenhagen denmark
8. *Full Name of Father,*	andrew J Johnson
9. *Father's Occupation*	Cook
10. *Father's Birthplace,*	Sweden denmark
Name of Medical Attendant, or other person who makes this Return,	Mrs S Keller
Address,	No 19-22 Watkins ave
Remarks,	

8950003997

Wm. J. C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, (if any shall have ...upation of its parents, the date and place of birth and the ...practitioner in the form of a certificate between the first and ...he Commissioner of Health. In case the birth of any child ...r practioner of midwifery, or should no other person be in ...t, shall become the duty of the person or parents of such ..., in the manner and within the period above required, and ...comply with the provisions of this section shall be sub- ...be recovered as other fines and forfeitures are recoverable.

...been conferred) its sex, color, the full name and occupation ...said schedule shall be delivered, duly signed by the practitio... ...third day of each and every month to the office of the Com... ...shall occur without the attendance of a physician or practi... ...attendance upon the mother, immediately thereafter it sha... ...child to report its birth to the Commissioner of Health, in th... ...any such person or persons who shall hereafter fail to compl... ...jected to the fine of ten (10) dollars for each offence, to be rec...

RETURN OF A BIRTH. 16331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 9th 1895
4. *Place of Birth, (Street and Number)*	2302 Division
5. *Full Name of Mother,*	Louisa Berlin
6. *Mother's Maiden Name,*	Kirk
7. *Mother's Birthplace,*	Balto Co
8. *Full Name of Father,*	George Berlin
9. *Father's Occupation,*	Coachman
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Chas E Sadtler
Address,	1839 Bolton St
Remarks,	

8950003998

Wm J C. Dulany Co., City Printers and Stationers.

The full name and occupation of its parents, the date and place of birth; and the practitioner in the form of a certificate the birth of any child said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	Black.
3. *Date of Birth,*	June 8, 1895.
4. *Place of Birth, (Street and Number)*	815 Pennington ave.
5. *Full Name of Mother,*	Mary Elizabeth Spraggins.
6. *Mother's Maiden Name,*	Washington.
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	Robert Spraggins.
9. *Father's Occupation*	Hod Carrier.
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave
Remarks,	8950003999

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* ~~Md Lyng~~ June 9th
4. *Place of Birth, (Street and Number)* Md Lying-in Hospital
5. *Full Name of Mother,* Mary Nickels
6. *Mother's Maiden Name,* Mary Nickels
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* unknown
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, F.W. Keown

Address, Maryland Lying-in Hospital Linden Ave

Remarks,

8950004000

Wm J C. Dulany Co., City Printers and Stationers.

Each Coroner, to whom the birth of each child, of any shall have occupation of its parents, the full name and occupation of the said schedule shall be delivered, duly signed by the practitioner in the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* June 9th
4. *Place of Birth, (Street and Number)* Md Lying-in Hospital
5. *Full Name of Mother,* Hannah Bowen
6. *Mother's Maiden Name,* Caine
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* unknown
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, 2 W Keown

Address, Md Lying-in Hospital Linden Ave

Remarks,

8 7 5 0 0 0 4 0 0 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 10 1895
4. Place of Birth, (Street and Number) 206 S. Eden St.
5. Full Name of Mother, Mary F. Beigel
6. Mother's Maiden Name, Schaefer
7. Mother's Birthplace, Germany
8. Full Name of Father, John L. Beigel
9. Father's Occupation Cooper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8 9 5 0 0 0 4 0 0 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 66356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 June 1895
4. *Place of Birth, (Street and Number)* 12 E Centre Ave
5. *Full Name of Mother,* Emma Magan
6. *Mother's Maiden Name,* Oestreich
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ben Magan
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, E. Lehman

Address, 72 Albemarle St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

8 7 5 0 0 0 4 0 0 3

RETURN OF A BIRTH. 66357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2nd June 1895
4. *Place of Birth, (Street and Number)* 263 N Exeter St.
5. *Full Name of Mother,* Dora Adler
6. *Mother's Maiden Name,* Zeller
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Wolf Adler
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Lehman

Address, 22 Albemarle St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

8 9 5 U 0 0 0 4 0 0 4

RETURN OF A BIRTH. 66358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 3.
4. *Place of Birth, (Street and Number)* 1434 Hanover st
5. *Full Name of Mother,* Theresa Gibson
6. *Mother's Maiden Name,* " McMegan
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Wm. F. Gibson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, Dr. C. Bench M.D.

Address, 511 Hanover st

Remarks,

8 7 5 U 0 0 4 0 0 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the births which have occurred under his or her care during the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 8 95
4. *Place of Birth, (Street and Number)* 48 Market Space
5. *Full Name of Mother,* Sarah Livingstone
6. *Mother's Maiden Name,* Sachs
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jacob Livingstone
9. *Father's Occupation,* Note Shaker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Sherman

Address, 42 Aisquith St

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

8 9 5 0 0 0 4 0 0 6

RETURN OF A BIRTH. 66360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 June 1925
4. *Place of Birth, (Street and Number)* 468 Low St.
5. *Full Name of Mother,* Rebecca Greenberg
6. *Mother's Maiden Name,* Bernstine
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Isaac Greenberg
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E Schenner

Address, 420 Aisquith St

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

8950004007

said Child, the full name of its parents, the date and place of birth; and the occupation of its parents, the full name and occupation of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-23-58

RETURN OF A BIRTH. 66361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jennie

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 & 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 June 1895
4. *Place of Birth, (Street and Number)* 347 N. Arrest St
5. *Full Name of Mother,* Sarah Goldstine
6. *Mother's Maiden Name,* Morris
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Abram Goldstine
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. S Fisherman

Address, 42 Albemarle St

Remarks,

Wm J. C. Dulany Co., City Printers and Stationers.

8 9 5 0 0 0 1 0 0 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 10, 95
4. *Place of Birth, (Street and Number)* 326 Park Ave,
5. *Full Name of Mother,* Maria Rosenberger
6. *Mother's Maiden Name,* " Becker
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Julius H. Rosenberger
9. *Father's Occupation* Undertaker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. C. L. Buddenbohn

Address, 418 S. Paca st

Remarks,

0750004009

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 June 1895
4. Place of Birth, (Street and Number) 202 E. Chase St.
5. Full Name of Mother, Celia Lazarus
6. Mother's Maiden Name, Klink
7. Mother's Birthplace, Russia
8. Full Name of Father, Klick Lazarus
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E Schuman

Address, 12 Allendale St

Remarks,

Wm J C. Dulany Co., City Printers and Stationers. 8950004010

said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 10 - 95
4. *Place of Birth, (Street and Number)* 1415 Harford Ave
5. *Full Name of Mother,* Mary E. B. Eisenhaus
6. *Mother's Maiden Name,* " " " Porter
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Stephen L. Eisenhaus
9. *Father's Occupation,* Hat Finisher
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 1438 N Bond St

Remarks,

8950004011

said schedule shall be delivered, duly signed by the practitioner [illegible] third day of each and every month to the office of the Commissio[illegible] shall occur without the attendance of a physician or practitione[illegible] attendance upon the mother, immediately thereafter it shall be child to report its birth to the Commissioner of Health, in the ma[illegible] any such person or persons who shall hereafter fail to comply w[illegible] jected to the fine of ten (10) dollars for each offence, to be recover[illegible]

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June the 10 1895
4. *Place of Birth, (Street and Number)* Carroll St No 24
5. *Full Name of Mother,* Elizabeth Smith
6. *Mother's Maiden Name,* Elizabeth Kraft
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* David E Smith
9. *Father's Occupation* Caber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Sally

Address, No 1922 Mc Elmore

Remarks,

8 7 5 0 0 0 4 0 1 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 66366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June the 10 / 18 - 95
4. *Place of Birth, (Street and Number)* Stricker st No 304
5. *Full Name of Mother,* Barbara Dilly
6. *Mother's Maiden Name,* Barbara Gadder
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* John Dilber
9. *Father's Occupation* Printer
10. *Father's Birthplace,* germany

Name of Medical Attendant, or other person who makes this Return, Mrs S Dilley

Address, No 1922 Wilkins Av

Remarks,

3 9 5 0 0 0 4 0 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

...ccupation of its parents, the date and place of birth; and the ...e practitioner in the form of a certificate between the first and ...of the Commissioner of Health. In case the birth of any child ...or practitioner of midwifery, or should no other person be in ...ter it shall become the duty of the person or parents of such ...lth, in the manner and within the period above required, and ... to comply with the provisions of this section shall be sub... to be recovered as other fines and forfeitures are recoverable.

...been conferred) its sex, color, the full name and occupation ... said schedule shall be delivered, duly signed by the practi... third day of each and every month to the office of the C... shall occur without the attendance of a physician or pra... attendance upon the mother, immediately thereafter it s... child to report its birth to the Commissioner of Health, in... any such person or persons who shall hereafter fail to co... jected to the fine of ten (10) dollars for each offence, to be ...

RETURN OF A BIRTH. 66367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June the 10 - 1895
4. *Place of Birth, (Street and Number)* Wilkins Ave 2291
5. *Full Name of Mother,* evlin E hunter
6. *Mother's Maiden Name,* evlin E McCreary
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* James H hunter
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Keller

Address, 1922 Wilkins Ave

Remarks,

0 7 5 0 0 0 4 0 1 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June the 11-18-95
4. *Place of Birth, (Street and Number)*	Pratt st No 164
5. *Full Name of Mother,*	rubecard Fuller
6. *Mother's Maiden Name,*	rubecard maganess
7. *Mother's Birthplace,*	Annapolis
8. *Full Name of Father,*	James Mc Fuller
9. *Father's Occupation*	machinest
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Fuller
Address,	No 19-25 Wilkins Ave
Remarks,	

B 7500040015

Wm. J. C. Dulany Co., City Printers and Stationers.

ed the full name of each child (if any shall have
as the same can be ascertained the
its parents, the date and place of birth; and the
er in the form of a certificate between the first and
issioner of Health. In case the birth of any child
ouer of midwifery, or should no other person be in
become the duty of the person or parents of such
manner and within the period above required, and
ly with the provisions of this section shall be sub-
vered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 11, 1895
4. *Place of Birth, (Street and Number)* 126 W. Hamburg.
5. *Full Name of Mother,* Mary W. Schmyer.
6. *Mother's Maiden Name,* Mary W. Reily.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Schmyer.
9. *Father's Occupation,* Engraver.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke, M.D.

Address, 914 W. Chas St.

Remarks,

8950001016

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

one/ RETURN OF A BIRTH. 66370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Name Frederick Louis Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 11 1895
4. Place of Birth, (Street and Number) 617 S. Bethel St.
5. Full Name of Mother, Euniguste Fickus
6. Mother's Maiden Name, Beyer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick Fickus
9. Father's Occupation Can Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

07500040017

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 7-30-51

RETURN OF A BIRTH 66371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Frank Turst Dorsey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, June 11. 1895.
4. Place of Birth, (Street and Number) 1333 - York Road
5. Full Name of Mother, Mrs. Mary A Dorsey
6. Mother's Maiden Name, Miss. Mary A. Carter
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Mr. Lloyd Dorsey
9. Father's Occupation, Grain Inspector
10. Father's Birthplace, Missouri

Name of Medical Attendant, or other person who makes this Return. Alex L. Hodgdon M.D.

Address, 1235 - W Lafayette Avenue

Remarks,

8950004018

been conferred, its sex, color, the full name and occupation of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 66372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 June
4. *Place of Birth, (Street and Number)* 12 Brier Place
5. *Full Name of Mother,* Jane Elizabeth
6. *Mother's Maiden Name,* Jane Lynch
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick Burns
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Dr. Benjamin Lee

Address, 1643 Eager Street Baltimore

Remarks,

8950004019

Wm. J. C. Dulany Co., City Printers and Statoners

...ecessary to the full name of each child, (if any shall have ...ccupation of its parents, the date and place of birth; and the ...e practitioner in the form of a certificate between the first and ...of the Commissioner of Health. In case the birth of any child ... or practioner of midwifery, or should no other person be in ...ter it shall become the duty of the person or parents of such ...lth, in the manner and within the period above required, and ... to comply with the provisions of this section shall be sub- ..., to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in attendance, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 11th 1895
4. *Place of Birth, (Street and Number)* ashland ave 1526
5. *Full Name of Mother,* Grace Marrow
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Pillian Marrow
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* German

Name of Medical Attendant, or other person who makes this Return, Mary Kaptis

Address, 208 N Washington st

Remarks,

0 7 5 0 0 0 1 0 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11th June
4. *Place of Birth, (Street and Number)* 800 Luzern
5. *Full Name of Mother,* Rose Watte
6. *Mother's Maiden Name,* Rose Shubraw
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Valtine Watte
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Swayne

Address, 824 Canton St

Remarks,

8750004021

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 66375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 11 - 1895
4. *Place of Birth, (Street and Number)* 401 E. Preston St
5. *Full Name of Mother,* Clara Lacy
6. *Mother's Maiden Name,* Clara Furlong
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Wm. F. Lacy
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Annie Potter

Address, 881 Germantown Baltimore

Remarks,

3 9 5 0 0 0 1 0 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Every child born within the limits of Baltimore City, whether white or colored, its sex, color, the full name and occupation of each parent, the date and place of birth; and the number of children born to the mother, including the present birth, shall be reported to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in attendance, or by the parent, or other person in charge of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in attendance, or by the parent, or other person in charge of such child, the duty of midwifery, or should no other person be in attendance upon birth, to the Commissioner of Health, in the manner and within the period above required, and it shall become the duty of the person or parents of such child to report its sex, color, the full name and occupation of each parent, the date and place of birth; and the number of children born to the mother, including the present birth, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 7

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 12th 1895
4. *Place of Birth, (Street and Number)* Duncan alley 411
5. *Full Name of Mother,* Mary Mikrogh
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* John Mikrogh
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Kaptis

Address, 205 N Washington st

Remarks,

8 9 5 0 0 0 4 0 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Four

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* June 12th 1895
4. *Place of Birth,* (Street and Number) Baltimore S. Pulaska St N° 22
5. *Full Name of Mother,* Maryllo J Warfield
6. *Mother's Maiden Name,* " " Spangler
7. *Mother's Birthplace,* Ivy City, Iuscarora Co Md
8. *Full Name of Father,* John Octavius Warfield
9. *Father's Occupation,* Shipmans Traction Co,
10. *Father's Birthplace,* Freedom Carroll Co Md

Name of Medical Attendant, or other person who makes this Return. R H Thompson M.D

Address, 702 North Gilmor St

Remarks, 1895 0004024

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...ation of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...Commissioner of Midwifery, or should no other person be in ...practitioner of Health. In case the birth of any child ...it shall become the duty of the person or parents of such ...shall occur without the attendance of a physician or practitioner it shall be ...third day of each and every month to the office of the Commissioner of Health, in the ...said schedule shall be delivered, duly signed by the practitioner in attendance, ...been conferred) its sex, color, the full name and occupation of the parents, the ...

RETURN OF A BIRTH. 66378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 12 1895
4. *Place of Birth, (Street and Number)*	121 W Clement St
5. *Full Name of Mother,*	Josephine Seaghrin
6. *Mother's Maiden Name,*	" Biga
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Timothy Saghrin
9. *Father's Occupation*	Brick Layer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	J C Burch Md
Address,	54 Monroe
Remarks,	

0750004025

Wm. J. C. Dulany Co., City Printers and Stationers.

...pation of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...the Commissioner of Health. In case the birth of any child ...r practitioner of midwifery, or should no other person be in ...it shall become the duty of the person or parents of such ...th, in the manner and within the period above required, and ...o comply with the provisions of this section shall be sub- ...o be recovered as other fines and forfeitures are recoverable.

...said schedule shall be delivered, duly signed by the practitio... ...third day of each and every month to the office of the Co... ...shall occur without the attendance of a physician or practi... ...attendance upon the mother, immediately thereafter it sha... ...child to report its birth to the Commissioner of Health, in t... ...any such person or persons who shall hereafter fail to comp... ...jected to the fine of ten (10) dollars for each offence, to be re...

RETURN OF A BIRTH. 66379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 12th 95
4. *Place of Birth, (Street and Number)* 1122 N Mount st
5. *Full Name of Mother,* Florence Hurt
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, B. C. Cattin

Address, 1122 N Mount st

Remarks,

8950004026

been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 12 June
4. *Place of Birth, (Street and Number)* 2033 Townsend st
5. *Full Name of Mother,* Lallie Heller
6. *Mother's Maiden Name,* Gregory
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Charles Heller
9. *Father's Occupation,* —
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address,

Remarks,

A 7 5 0 0 0 1 0 2 7

Wm J. C. Dulany Co., City Printers and Stationers.

and occupation of its parents, the date and place of birth; and the
ed by the practitioner in the form of a certificate between the first and
office of the Commissioner of Health. In case the birth of any child
hysician or practitioner of midwifery, or should no other person be in
y thereafter it shall become the duty of the person or parents of such
er of Health, in the manner and within the period above required, and
reafter fail to comply with the provisions of this section shall be sub-
offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the
third day of each and every month to the office of
shall occur without the attendance of a physician
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of H
any such person or persons who shall hereafter
jected to the fine of ten (10) dollars for each offence

RETURN OF A BIRTH. 66381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 13 — 1895
4. *Place of Birth, (Street and Number)* 1607 No Eldery St.
5. *Full Name of Mother,* Henricke Wetterstein
6. *Mother's Maiden Name,* Hartan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Wetterstein
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Harry Stein

Address, 1127 E. Fratt St.

Remarks,

0 7 5 0 0 0 4 0 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

each child of its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-14-57

RETURN OF A BIRTH. 66382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Corinne Celeste Heiman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 13 1895
4. Place of Birth, (Street and Number) 233 N. Gay St
5. Full Name of Mother, Fannie Heiman
6. Mother's Maiden Name, Kaufman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Heiman
9. Father's Occupation Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E. Pratt St.

Remarks,

8950004029

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 13th June
4. *Place of Birth, (Street and Number)* 406 Fell St.
5. *Full Name of Mother,* Bridget [illegible]
6. *Mother's Maiden Name,* [illegible] Fleming
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Charles Nagle
9. *Father's Occupation* Varnisher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. D. Bink Midwife

Address, 1417 E. Edgar St.

Remarks,

A 75000 4030

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 66384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 13th 95
4. *Place of Birth, (Street and Number)*	704 N. Eutaw St.
5. *Full Name of Mother,*	Mrs Yetta Livingston
6. *Mother's Maiden Name,*	Yetta Klein
7. *Mother's Birthplace,*	Poland
8. *Full Name of Father,*	Israel L Livingston
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other Person who makes this Return	C. N. Mitchell M. D.
Address,	937 Madison Ave
Remarks,	

8950004031

place of its birth, and the sex thereof, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

A. CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 66385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 13th 1895
4. Place of Birth, (Street and Number) Light st 714
5. Full Name of Mother, Mary Urban
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohimian
8. Full Name of Father, Jokanes Urban
9. Father's Occupation Tailor
10. Father's Birthplace, Bohimian

Name of Medical Attendant, or other person who makes this Return, Mary Koptis

Address, 205 S Washington st

Remarks,

8 9 5 0 0 9 1 0 3 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15-th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 13th '95
4. Place of Birth, (Street and Number) 208 Camel Alley
5. Full Name of Mother, Julia Waters
6. Mother's Maiden Name, Julia White
7. Mother's Birthplace, Maryland -
8. Full Name of Father, James E Waters
9. Father's Occupation, General Job work
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, J. H Brown M.D.

Address, Maryland Lying in Hospital

Remarks,

0 9 5 0 0 0 4 0 3 3

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 14th 1895
4. *Place of Birth, (Street and Number)* 309 N Stricker st
5. *Full Name of Mother,* Minnie M Carroll
6. *Mother's Maiden Name,* Kibbert
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James J Carroll
9. *Father's Occupation,* Tobacconist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, E. H. Lee

Address, 602 N Carey st

Remarks,

0950001034

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

be ascertained the full name of each child, (if any shall have
cupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
r it shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
l to comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable

been conferred) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practitio
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or prac
attendance upon the mother, immediately thereafter it sha
child to report its birth to the Commissioner of Health, in t
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offense, to be re

KODAK SAFETY FILM

RETURN OF A BIRTH. 66388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 14 '95
4. *Place of Birth, (Street and Number)* 1152 Low St.
5. *Full Name of Mother,* Theresa Hoffman
6. *Mother's Maiden Name,* Theresa Schmans
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* William Hoffman
9. *Father's Occupation* Carpet weaver
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St.

Remarks,

Wm. J. C. Dulany Co,. City Printers and Stationers.

B 9 5 0 0 0 4 0 3 5

...ild, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY NAME ADDED 12-2-55

RETURN OF A BIRTH. 66389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Lillian Molly ~~Reinhold~~ 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 14. 1895
4. Place of Birth, (Street and Number) 261 Fait ave.
5. Full Name of Mother, Mrs R. M. Rinhold
6. Mother's Maiden Name, Helen Wissussek
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Richard M. Rinhold
9. Father's Occupation Chemical Dyeing
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 7 5 0 0 0 4 0 3 6

been conferred) its sex, color, the full name and occupation of its
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissio
shall occur without the attendance of a physician or practioner of
attendance upon the mother, immediately thereafter it shall becom
child to report its birth to the Commissioner of Health, in the man
any such person of persons who shall hereafter fail to comply with
jected to the fine of ten (10) dollars for each offence, to be recovered

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 66390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. *Sex (~~state whether male or~~ female),*
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 14th June 1895
4. *Place of Birth (Street and Number),* 1126 Jr. North Ave
5. *Full Name of Mother,* Mary S. Richardson
6. *Mother's Maiden Name,* " " Hughlett
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Wm K. Richardson
9. *Father's Occupation,* Reporter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Geo Keyser

Address, Linden Ave & Wilson Pl

Remarks,

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

6 5 0 0 0 1 0 3 7

RETURN OF A BIRTH. 66391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	June 14, 1895.
4. *Place of Birth, (Street and Number)*	523 Third ave.
5. *Full Name of Mother,*	Susie E. Littlefield.
6. *Mother's Maiden Name,*	Merriam.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	John H. Littlefield.
9. *Father's Occupation*	Corrispondent.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	291 Cheapside
Remarks,	

8 7 5 0 0 0 4 0 3 8

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Delany Co., City Printers and Stationers

RETURN OF A BIRTH. 66392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 14th 1895
4. *Place of Birth, (Street and Number)* ~~Hhas~~ Washington A 407
5. *Full Name of Mother,* Margeritta Gruemer
6. *Mother's Maiden Name,* ~~German~~
7. *Mother's Birthplace,* German
8. *Full Name of Father,* ~~G~~ Joseph Gruemer
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* German

Name of Medical Attendant, or other person who makes this Return, Mary Koplis

Address, 205 N Washington St

Remarks,

675006039

Wm. J. C. Dulany Co., City Printers and Stationers.

Births, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 15 1895
4. *Place of Birth, (Street and Number)* Chester at 954
5. *Full Name of Mother,* Ida Bright
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Garmen
8. *Full Name of Father,* George Bright
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germen

Name of Medical Attendant, or other person who makes this Return, Mary Baptiz

Address, N W Ohmgton st 1205

Remarks,

8950004040

Wm. J. C. Dulany Co., City Printers and Stationers.

son of its parents, the date and place of birth; and the
tioner in the form of a certificate between the first and
missioner of Health. In case the birth of any child
titioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
the manner and within the period above required, and
omply with the provisions of this section shall be sub-
recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commissio
shall occur without the attendance of a physician or practitioner
attendance upon the mother, immediately thereafter it shall be
child to report its birth to the Commissioner of Health, in the ma
any such person or persons who shall hereafter fail to comply w
jected to the fine of ten (10) dollars for each offence, to be recover

RETURN OF A BIRTH. 66394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 1722 commenced 11
4. Place of Birth, (Street and Number) 15 Fami
5. Full Name of Mother, Marie Louise Heiming
6. Mother's Maiden Name, Schneider
7. Mother's Birthplace, Balt.
8. Full Name of Father, Lalm Heinrich
9. Father's Occupation, Taylor
10. Father's Birthplace, Germ.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. Central Av.

Remarks,

8750004041

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~ 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 15th 1895
4. *Place of Birth, (Street and Number)* 505. N. Fremont ave
5. *Full Name of Mother,* Sophie E. ~~Parson~~ Wagner
6. *Mother's Maiden Name,* Sadie E. Parsons
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob E. Wagner
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Harford Co Md

Name of Medical Attendant, or other person who makes this Return, James E. Willing M.D.

Address, 508. N. Fremont ave

Remarks,

Pardon this not being reported 9 days & month as it was an oversight

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

The name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 15 - 95.
4. Place of Birth, (Street and Number) 1304 E. Chase st.
5. Full Name of Mother, Annie R. Willinger
6. Mother's Maiden Name, Annie R. Hebrank
7. Mother's Birthplace, Lancaster Pa
8. Full Name of Father, Louis J Willinger
9. Father's Occupation, Coal Dealer
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Hales H. A. Meyer M. D.

Address, 1019 N. Caroline St.

Remarks,

8 7 5 0 0 0 4 0 4 3

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 15 1895
4. *Place of Birth, (Street and Number)* Baltimore 10th St. (Annex)
5. *Full Name of Mother,* Annie Frizzell
6. *Mother's Maiden Name,* Annie Frizzell
7. *Mother's Birthplace,* Frederick Co. Md.
8. *Full Name of Father,* James W. Frizzell
9. *Father's Occupation,* Picture Frame Manufacturer
10. *Father's Birthplace,* Howard Co. Md.

Name of Medical Attendant, or other person who makes this Return. J. B. Mullen M.D. 962 Eastern Ave

Address,

Remarks,

8750004044

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Every birth occurring in the city of Baltimore, or the occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the occupation of the attendant at the birth of each child; if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 15 1895
4. *Place of Birth, (Street and Number)* 610 Jefferson Ave Waverly
5. *Full Name of Mother,* Emma V Jones
6. *Mother's Maiden Name,* " " Gagle
7. *Mother's Birthplace,* Baltimore Co Md
8. *Full Name of Father,* Thomas C. Jones
9. *Father's Occupation* House Painter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, #811 Jefferson Ave Waverly

Remarks, C. G.

8950004045

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 15. 1895
4. *Place of Birth, (Street and Number)* St. Vincents Infant Asylum
5. *Full Name of Mother,* Agnes Kennedy
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Not known
9. *Father's Occupation* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, B. le Dassie M.D.

Address, 600 North Serine

Remarks,

8750004046

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 11-6-52

RETURN OF A BIRTH. 66400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William ~~Joseph~~ Kelley 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 15, 1895
4. *Place of Birth, (Street and Number)* 323 Warren Ave.
5. *Full Name of Mother,* Name illegible (Kelley) Kelley
6. *Mother's Maiden Name,* Name illegible Wheeler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William H. (Kelley) Kelley
9. *Father's Occupation,* Letter Carrier
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke, M.D.

Address, 914 N. Charles St.

Remarks,

8950004047

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 66401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, June 17. (10. 15. P. M.)
4. Place of Birth, (Street and Number) 927. Leman street.
5. Full Name of Mother, Annie Hefsians,
6. Mother's Maiden Name, Connor.
7. Mother's Birthplace, Kilmoley - Ireland.
8. Full Name of Father, John Hefsians,
9. Father's Occupation, Laborer.
10. Father's Birthplace, Dimmonion Balto. Co.

Name of Medical Attendant, or other person who makes this Return, Mrs. H. Kane for the

Address, Mothers Relief Society - 632. N. Fremont St.

Remarks, 8950004048

Said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-2-57 66402

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Lydia~~ Florence Tenbner 11 "

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June the 17th 1895
4. Place of Birth, (Street and Number) 206 Schofield St
5. Full Name of Mother, Cate Teubner
6. Mother's Maiden Name, " Tousert
7. Mother's Birthplace, Ester
8. Full Name of Father, William Teubner
9. Father's Occupation Woodcarver
10. Father's Birthplace, Ester

Name of Medical Attendant, or other person who makes this Return, M A Lidey

Address, 1004 West Lexington St

Remarks, 8950004049

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician, midwife, or other person who shall be in attendance upon the birth of any child, shall, within ten (10) days after the birth, report to the Commissioner of Health the full name of each child, (if any shall have been omitted); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 18 - 1895
4. *Place of Birth, (Street and Number)* 417 Calvin Ave
5. *Full Name of Mother,* Minerva V. Mulligan
6. *Mother's Maiden Name,* " " Calaman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Patrick F. Mulligan
9. *Father's Occupation* Copper Smith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. G Rankin M D

Address, 811 Jefferson Ave Waverly City

Remarks,

, 8950004050

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 & 2 Twins

1. *Sex, (state whether male or female)* Both Females

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 18th 1895

4. *Place of Birth, (Street and Number)* 2454 Crystal Ave

5. *Full Name of Mother,* Mary C. Gutmann

6. *Mother's Maiden Name,* " " Shuck

7. *Mother's Birthplace,* Balto. Co. Md

8. *Full Name of Father,* Edward Gutmann

9. *Father's Occupation* Grocer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M.D.

Address, #811 Jefferson Ave. Waverly City

Remarks,

8950004051

(Each child born alive must be registered, and the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 18 - 95
4. *Place of Birth, (Street and Number)* 1122 N Mount st
5. *Full Name of Mother,* Mary Ellen Jones
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Kent county, Md.
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, B L Catlin Md

Address, 1122 N Mount st.

Remarks,

, 8 9 5 0 0 0 4 0 5 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 66406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 19th 1895
4. *Place of Birth, (Street and Number)*	# 1120 Nanticoke
5. *Full Name of Mother,*	Maggie Meyers Barline
6. *Mother's Maiden Name,*	Balto.
7. *Mother's Birthplace,*	Harman Meyers
8. *Full Name of Father,*	Oyster dealer
9. *Father's Occupation,*	Balto.
10. *Father's Birthplace,*	R. C. Lee
Name of Medical Attendant, or other person who makes this Return,	Harman St.
Address,	
Remarks,	8950004053

Wm J C. Dulany Co., City Printers and Stationers.

And a certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-21-55

CERTIFICATE CORRECTED

RETURN OF A BIRTH. 66407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Elizabeth ~~Sudbrink~~ Sudbrink

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex*, (state whether male or female) Female
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, June 19~~2~~ 49
4. *Place of Birth*, (Street and Number) 1607 Dallas St
5. *Full Name of Mother*, Fanny ~~Sudbrink~~ Sudbrink
6. *Mother's Maiden Name*, " " ~~Sudbrink~~ Crutchley
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Frank ~~Sudbrink~~ Sudbrink
9. *Father's Occupation* Motorman
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Brown

Address,

Remarks,

8 9 5 U 0 0 4 0 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 19th 95
4. Place of Birth, (Street and Number) 165 Latrobe St.
5. Full Name of Mother, Lily May Duvall
6. Mother's Maiden Name, Lily May Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alfred Duvall
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. W. Keown M. D. Hospital.

Address, Maryland Lying-in Hospital.

Remarks, 8950001055

Wm J. C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, if any shall have ...month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) col
3. Date of Birth, June 19th
4. Place of Birth, (Street and Number) Md Lying-in Hosp
5. Full Name of Mother, Birdie Hall
6. Mother's Maiden Name, same
7. Mother's Birthplace, Balto.
8. Full Name of Father, unknown
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Dr. Keown

Address, Md Lying in Hospital Linden Ave

Remarks,

8 9 5 0 0 0 4 0 5 6

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 20th 1895
4. *Place of Birth, (Street and Number)* Highland ave 1810
5. *Full Name of Mother,* Mary Pinta
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* German
8. *Full Name of Father,* Frederick Pinta
9. *Father's Occupation* Labor
10. *Father's Birthplace,* German

Name of Medical Attendant, or other person who makes this Return, Mary Koftis

Address, 205 N Washington st

Remarks,

8950004057

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 June 1895
4. *Place of Birth, (Street and Number)* 644 E. Druid St.
5. *Full Name of Mother,* Louisa Daughtrey
6. *Mother's Maiden Name,* Brown
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Thomas Daughtrey
9. *Father's Occupation,* Constable
10. *Father's Birthplace,* West Point N. Y.

Name of Medical Attendant, or other person who makes this Return, E. Pennewell

Address, 72 Aisquith St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

8950004058

RETURN OF A BIRTH 66412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 20. 1895
4. Place of Birth (Street and Number),	801 N. Fulton Ave
5. Full Name of Mother,	Vr. Frances ~~Treakle~~ Lickle
6. Mother's Maiden Name,	M. Frances Treakle
7. Mother's Birthplace,	Lancaster Co. Va.
8. Full Name of Father,	John D. Lickle
9. Father's Occupation,	Physician
10. Father's Birthplace,	Frederick Co. Md.
Name of Medical Attendant, or other person who makes this Return.	John D. Lickle M.D
Address,	801 N. Fulton Ave
Remarks,	

1895 00004059

This schedule shall contain a list of the births which have occurred under his or her care during the month. And shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. In case the birth of any child shall occur upon the premises where the mother resides, and no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 66413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Wht

3. Date of Birth, June 20 98

4. Place of Birth, (Street and Number) 2311 Queen av

5. Full Name of Mother, Annie Mueller

6. Mother's Maiden Name, Annie Klage

7. Mother's Birthplace, Balto

8. Full Name of Father, Frank Johnson

9. Father's Occupation, Baker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Madison av

Remarks,

8 9 5 0 0 0 4 0 6 0

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in month to the office of the Commissioner of Health. In case the birth of any child third day of each and every shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 709 S. Broadway
4. Place of Birth, (Street and Number) June-20-1895
5. Full Name of Mother, Katie M. Stock
6. Mother's Maiden Name, Katie M. Schuchy
7. Mother's Birthplace, Balto. md
8. Full Name of Father, August Stock
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Balto. md

Name of Medical Attendant, or other person who makes this Return. P. E. Dausehun

Address, 1731 E. Balto. st.

Remarks,

8 4 5 0 0 0 4 0 6 1

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 20 — 1895
4. *Place of Birth, (Street and Number)* 242 S. Eolington Ave
5. *Full Name of Mother,* Veronica Carter
6. *Mother's Maiden Name,* Bauer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Cartar
9. *Father's Occupation* Fireman on a Boath
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8 4 5 0 0 0 4 0 6 2

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 21st 95
4. *Place of Birth, (Street and Number)* Maryland Lying in Hosp.
5. *Full Name of Mother,* Katherine Ball
6. *Mother's Maiden Name,* Katherine Barker
7. *Mother's Birthplace,* Tennessee
8. *Full Name of Father,* Joseph Ball -
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* ~~Mississippi~~

Name of Medical Attendant, or other person who makes this Return. John D Blake per 2 H. nurse

Address, Md Lying-in Hospital

Remarks,

8 4 5 0 0 0 4 0 6 3

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4 / 95
4. Place of Birth, (Street and Number) 1404 N Bond St.
5. Full Name of Mother, Johanna Johansen
6. Mother's Maiden Name, Schulenburg
7. Mother's Birthplace, Prussia
8. Full Name of Father, John H Johansen
9. Father's Occupation, Tailor
10. Father's Birthplace, Sweden

Name of Medical Attendant, or other person who makes this Return, S H Seldomridge M D

Address, 1511 E. Eager St

Remarks, 8950004064

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 13/95
4. *Place of Birth, (Street and Number)* 11 N Bond St.
5. *Full Name of Mother,* Susan A Tammany
6. *Mother's Maiden Name,* Sheppard
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Wm A Tammany
9. *Father's Occupation,* Book Binder
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. S W Silbert M.D.

Address, 1501 E Eager St

Remarks,

8950004065

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4 / 95
4. Place of Birth, (Street and Number) 1710 E Eager St
5. Full Name of Mother, Catherine D Grieser Franz
6. Mother's Maiden Name, Grieser
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas J Franz
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, S H Schnee M.D.

Address, 1501 E Eager St

Remarks, 8450004066

Wm J C. Dulany Co., City Printers and Stationers.

66420

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	June 21
4. *Place of Birth, (Street and Number)*	Carroll
5. *Full Name of Mother,*	Minerva Morsberger
6. *Mother's Maiden Name,*	Minerva Ware
7. *Mother's Birthplace,*	Old point Virginia
8. *Full Name of Father,*	Louis Morsberger
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Carroll
Name of Medical Attendant, or other Person who makes this Return.	Elizebeth Wicks
Address,	Carroll City
Remarks,	Aunt of

8 9 5 0 0 0 4 0 6 7

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred during the month, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such person to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

over

66421

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marie Louise Polanka

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 21 1895

4. Place of Birth, (Street and Number) Bradford st 501

5. Full Name of Mother, Antonia Polanka

6. Mother's Maiden Name, Bohaimen

7. Mother's Birthplace, Mathew Polanka

8. Full Name of Father, Tailor

9. Father's Occupation Bohaimen

10. Father's Birthplace, Mary Hahtle

Name of Medical Attendant, or other person who makes this Return, 1 Washington st 205

Address,

Remarks, 8950004068

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 66422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 21st 1895

4. Place of Birth, (Street and Number) 320 N. Green St

5. Full Name of Mother, Lidia ~~Ryan~~ Ensor

6. Mother's Maiden Name, Lidia Ryan

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Harry Griffith Ensor

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. J. S. Reed M.D.

Address, 642 Fulton Ave.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

'8950

RETURN OF A BIRTH. 66423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* June 21
4. *Place of Birth, (Street and Number)* 540 Biddle
5. *Full Name of Mother,* Emma Hazlehurst
6. *Mother's Maiden Name,* Emma Jefferson
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* Isaac Hazlehurst
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Somerset County Md

Name of Medical Attendant, or other person who makes this Return. Jno Jane

Address, 644 Jasper st

Remarks, 8950001070

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 22nd 95

4. Place of Birth, (Street and Number) 619 N Washington St

5. Full Name of Mother, Lena Rabinowitz Shatz

6. Mother's Maiden Name, Waterpenigent Falls N Y

7. Mother's Birthplace, Joseph Rabinowitz

8. Full Name of Father, Lithuania

9. Father's Occupation, Balto

10. Father's Birthplace, S W Skinner M D.

Name of Medical Attendant, or other person who makes this Return,

Address, 1501 E. Eager St

Remarks, 8950004071

To be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of birth and the occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 22d 1895
4. *Place of Birth, (Street and Number)* Durham & 42d
5. *Full Name of Mother,* Theresia Carran
6. *Mother's Maiden Name,* Bohemian
7. *Mother's Birthplace,* Bruck Carran
8. *Full Name of Father,* Jaitor
9. *Father's Occupation* Bohemian
10. *Father's Birthplace,* Wang Koptis

Name of Medical Attendant, or other person who makes this Return

Address, 205 N Washington St

Remarks, 8950004072

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* ~~X~~ Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 22d 1895
4. *Place of Birth, (Street and Number)* ~~Chas~~ Castle st 29
5. *Full Name of Mother,* Francie Podack
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Anton Podack
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Koptis

Address, 205 N Washington St

Remarks,

8950004073

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 16427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 23rd 95
4. Place of Birth, (Street and Number) 914 Little Pine St.
5. Full Name of Mother, Mary Fields
6. Mother's Maiden Name, Mary Jones
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Fields
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. W. Keown M.D.

Address, Maryland Lying-in Hospital

Remarks,

B 4 5 0 0 0 4 0 7 4

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 23th 1875
4. *Place of Birth, (Street and Number)* 5 Shanes st 1632
5. *Full Name of Mother,* Mary Gaines
6. *Mother's Maiden Name,* Bahemian
7. *Mother's Birthplace,* Adam Gaines
8. *Full Name of Father,* Labor
9. *Father's Occupation* Bahemian
10. *Father's Birthplace,* Mary Kafitis

Name of Medical Attendant, or other person who makes this Return.

Address, 205 N Washington St

Remarks, 8950004075

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 23rd 95
4. Place of Birth, (Street and Number) 2620 Eutaw Place
5. Full Name of Mother, Cecilia Margarder Rosenstock
6. Mother's Maiden Name, Balto
7. Mother's Birthplace, Paul J Margarder
8. Full Name of Father, Halter
9. Father's Occupation, London England
10. Father's Birthplace, S. H Selvner M. D.

Name of Medical Attendant, or other person who makes this Return.

Address, 1511 E. Eager St

Remarks, 8950004076

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-4-57

RETURN OF A BIRTH 66430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Florence Elizabeth Herring Third

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, June 23. 1895
4. Place of Birth, (Street and Number) Liberty Road near Fulton Avenue
5. Full Name of Mother, Mrs. Florence Irene Herring
6. Mother's Maiden Name, Miss Florence Irene Klamman
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Mr. Howard Herring
9. Father's Occupation, Milk Dealer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Miles L. Hodgson M.D.

Address, 1235 W. Lafayette Avenue

Remarks, 8 9 5 U 0 0 4 0 7 7

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male Harry Lee a.D.S. 8/10/20
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 23, 1895
4. *Place of Birth, (Street and Number)* 1511 Hopkins Ave.
5. *Full Name of Mother,* Bertha M. Ulsperman.
6. *Mother's Maiden Name,* Bertha M. Scott
7. *Mother's Birthplace,* Kentucky
8. *Full Name of Father,* Thos. H. Ulsperman
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodora Cooke, M.D.

Address, 914 N. Charles St.

Remarks,

8950004078

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 66432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 24 / 95
4. Place of Birth, (Street and Number) 1427 E. Hoffman St
5. Full Name of Mother, Lizzie E. Schieler
6. Mother's Maiden Name, Schaffer
7. Mother's Birthplace, Balto
8. Full Name of Father, John A Schieler
9. Father's Occupation, Coffee Roaster
10. Father's Birthplace, Balto Co.

Name of Medical Attendant, or other person who makes this Return, S. W. Skinner M. D.

Address, 1511 E Eager St.

Remarks, 8 9 5 0 0 0 4 0 7 9

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon birth to the Commissioner of Health, or should no other persons of such child to report its birth to the Commissioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* June 24 1895
4. *Place of Birth, (Street and Number)* Chapple st 624
5. *Full Name of Mother,* Mary Long
6. *Mother's Maiden Name,* Graves
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John Long
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Shipley

Address, 1 Washington, 2005

Remarks, 8750004080

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, June 25th 1895

4. Place of Birth, (Street and Number) #713 Morris St.

5. Full Name of Mother, Clara Smith

6. Mother's Maiden Name, Clara Smith (Unmarried)

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, ~~Unknown~~ William Johnson

9. Father's Occupation, Driving, and general work

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Ida Pollack M.D.

Address, 1109 McCulloh St.

Remarks,

8950004081

Wm J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* June 25th
4. *Place of Birth, (Street and Number)* Md Lying-in Hospital
5. *Full Name of Mother,* Sidney Grimes
6. *Mother's Maiden Name,* Sidney Chase
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Geo W Grimes -
9. *Father's Occupation,* Job work
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Unknown.

Address, Maryland Lying-in Hospital

Remarks,

B 7 5 0 0 0 4 0 8 2

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 June 1895
4. *Place of Birth, (Street and Number)* 915 E. Balto St.
5. *Full Name of Mother,* Hannah Smith
6. *Mother's Maiden Name,* Farrell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Smith
9. *Father's Occupation,* Detective
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. E. Lehrman

Address, 42 Altamont St

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

8950004083

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ths which have occurred under his or her care during the
month, and shall set forth as far as the same can be ascertai
been conferred; its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practition
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or practi
attendance upon the mother, immediately thereafter it shall
child to report its birth to the Commissioner of Health, in the
any such person or persons who shall hereafter fail to comply
jected to the fine of ten (10) dollars for each offence, to be reco

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* June 25 1895
4. *Place of Birth, (Street and Number)* Maple at 956
5. *Full Name of Mother,* Mary Hiawatha
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Hiawatha
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Staples

Address, 956 Washington st

Remarks,

8 9 5 0 0 0 4 0 8 4

Wm. J. [illegible] Printers and Stationers.

GIVEN NAME ADDED 8-18-54

RETURN OF A BIRTH. 66438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Faye Frances Cohen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 June 1895
4. *Place of Birth, (Street and Number)* 823 E Balto St
5. *Full Name of Mother,* Rachel Cohen
6. *Mother's Maiden Name,* Winckranz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Abel Cohen
9. *Father's Occupation,* Rag Peddler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E Lehrman

Address, 912 Aisquith St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

0 9 5 0 0 0 4 0 6 5

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

66439

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* M.
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* June 26th
4. *Place of Birth, (Street and Number)* Roland Park Balt Md.
5. *Full Name of Mother,* Eva Rose
6. *Mother's Maiden Name,* Eva Smith
7. *Mother's Birthplace,* Stewartsville N. J.
8. *Full Name of Father,* Chas L. Rose
9. *Father's Occupation* Agent
10. *Father's Birthplace,* Stewartsville N. J.

Name of Medical Attendant, or other person who makes this Return, Henry F. Cogley

Address, 202 Fremont Ave.

Remarks,

8950004086

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-4-56

RETURN OF A BIRTH. 66440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Wilbur Thomas Lazzarille

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 27 1895
4. *Place of Birth, (Street and Number)* 213 William St
5. *Full Name of Mother,* Maggie Langville
6. *Mother's Maiden Name,* " Thomas
7. *Mother's Birthplace,* Dorchester Co
8. *Full Name of Father,* Wm Langville
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, J G Beach M D

Address, 511 Hanover St

Remarks,

0 6 5 0 0 0 4 0 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 66441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, June 28 1895
4. Place of Birth, (Street and Number) 1505 N. Dallas St
5. Full Name of Mother, Mary E Whistling
6. Mother's Maiden Name, " " Bollock
7. Mother's Birthplace, Md City
8. Full Name of Father, Andrew Whistling
9. Father's Occupation, Carrier
10. Father's Birthplace, Md City

Name of Medical Attendant, or other person who makes this Return, R G Davis M.D.

Address, 1507 N Caroline St

Remarks,

8750004088

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 66442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1.	*Sex, (state whether male or female)*	Female.
2.	*Race or Color, (if not of the white race)*	Colored.
3.	*Date of Birth,*	June 28 1895.
4.	*Place of Birth, (Street and Number)*	1511 Linn St.
5.	*Full Name of Mother,*	Mary Scott.
6.	*Mother's Maiden Name,*	Ruby Pierce.
7.	*Mother's Birthplace,*	Baltimore.
8.	*Full Name of Father,*	William Henry Scott.
9.	*Father's Occupation,*	Laborer.
10.	*Father's Birthplace,*	Baltimore.
	Name of Medical Attendant, or other person who makes this Return,	Mrs. Annie Johnson
	Address,	714 Fagan St.
	Remarks,	

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

8750020889

RETURN OF A BIRTH. 66443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

(state whether male or female) male

e or Color, (if not of the white race)

e of Birth, 28th June 1895-

ce of Birth, (Street and Number) 1903 Frederick Ave

l Name of Mother, Emma Madora Sheppard

her's Maiden Name, Emma Madora Mills

her's Birthplace, Baltimore Md.

l Name of Father, William Dorsey Sheppard

her's Occupation, Collector

her's Birthplace, Baltimore Md.

ne of Medical Attendant, or other person who makes this Return. Ruth A. Colehouse

ress,

arks,

845 0001090

ERS AND STATIONERS.

RETURN OF A BIRTH. 66444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 28 1895
4. Place of Birth, (Street and Number) 484 N. Caroline St.
5. Full Name of Mother, Mary Mc Grow
6. Mother's Maiden Name, Quirk
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michel Mc Grow
9. Father's Occupation Can-Washer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8750004091

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

66445

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 29th 95
4. *Place of Birth, (Street and Number)* 11 N Bond St.
5. *Full Name of Mother,* Emily Florence Cammack Sheppard
6. *Mother's Maiden Name,* Virginia
7. *Mother's Birthplace,* Henry K Cammack
8. *Full Name of Father,* Book binder
9. *Father's Occupation,* Virginia
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. S W Slocker M D

Address, 1311 E Eager St

Remarks,

8750004092

Wm J C. Dulany Co., City Printers and Stationers.

boom, and shall state as to the sex and color of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-6-57

66446

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name - Hattie

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 June 1895
4. Place of Birth, (Street and Number) 832 Hollins St.
5. Full Name of Mother, Jennie Cohen
6. Mother's Maiden Name, Kalinsky
7. Mother's Birthplace, Germany
8. Full Name of Father, Abraham Cohen
9. Father's Occupation, Manufacturer Clothing
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, E Schuman

Address, 42 Albemarle

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

69500042093

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-7-60

RETURN OF A BIRTH 66447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Hazel Rose Steinert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 29. 95
4. *Place of Birth, (Street and Number)* 1704 Crystal Ave.
5. *Full Name of Mother,* Blanche Steinert
6. *Mother's Maiden Name,* Blanche Rose
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank A. Steinert
9. *Father's Occupation,* Cigarmaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. W. C. Sandrock

Address, 1242 N. Broadway.

Remarks,

8950004094

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...mined the full name of each child, if any shall have ... of its parents, the date and place of birth; and the ... been conferred) its sex, color, the full name and occupation of its ... said schedule shall be delivered, duly signed by the practitioner in ... third day of each and every month to the office of the Commissio... shall occur without the attendance of a physician or practitioner ... attendance upon the mother, immediately thereafter it shall beco... child to report its birth to the Commissioner of Health, in the man... any such person or persons who shall hereafter fail to comply wi... jected to the fine of ten (10) dollars for each offense, to be recovered ... ner in the form of a certificate between the first and ... missioner of Health. In case the birth of any child ... tioner of midwifery, or should no other person be in ... ll become the duty of the person or parents of such ... e manner and within the period above required, and ... ply with the provisions of this section shall be sub- ... covered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-6-56

RETURN OF A BIRTH. 66448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name — Simon E.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 June 1895
4. *Place of Birth, (Street and Number)* 1009 Watson St
5. *Full Name of Mother,* Bessie Altshuel
6. *Mother's Maiden Name,* Rosenberg
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Joel Altshuel
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E. Scherman

Address, 42 Albemarle St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8950004095

RETURN OF A BIRTH. 66449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 30 June 1895
4. *Place of Birth, (Street and Number)* 109 E Fayette St
5. *Full Name of Mother,* Annie Fenie
6. *Mother's Maiden Name,* Coleman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Mike Fine
9. *Father's Occupation,* Tinworker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Schenman

Address, 722 Aisquith St

Remarks,

been conferred) its sex, color, the full name of each child, (if any shall have occupation of its parents, the date and place of birth; and the practitioner in the form of a certificate between the first and Commissioner of Health. In case the birth of any child midwifery, or should no other person be in duty of the person or parents of such manner and within the period above required, and fail to comply with the provisions of this section shall be sub- ject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

8950004096

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31 June 1892
4. *Place of Birth, (Street and Number)* 312 Whitlock St
5. *Full Name of Mother,* Hattie Rosenberg
6. *Mother's Maiden Name,* Lea
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jos Rosenberg
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Schuman

Address, 112 Albemarle St

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

8 9 5 0 0 0 4 0 9 7

RETURN OF A BIRTH. 66457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	gërl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	19 Juni 1895
4. *Place of Birth, (Street and Number)*	930 Durham str
5. *Full Name of Mother,*	Feiman
6. *Mother's Maiden Name,*	Tesar
7. *Mother's Birthplace,*	Bohimen
8. *Full Name of Father,*	Jan Feiman
9. *Father's Occupation*	Thailor
10. *Father's Birthplace,*	Bohimen
Name of Medical Attendant, or other person who makes this Return,	Luise Fratora
Address,	1010 Durham st
Remarks,	

8950004098

Wm. J. C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 19th ~~1025 Eutaw St~~
4. *Place of Birth, (Street and Number)*	1025 S. Eutaw St
5. *Full Name of Mother,*	Martha Litovic
6. *Mother's Maiden Name,*	Pozly
7. *Mother's Birthplace,*	Lithuania
8. *Full Name of Father,*	Peter Litovic
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Lithuania
Name of Medical Attendant, or other person who makes this Return,	J C Bench M D
Address,	511 Hanover
Remarks,	

8950004099

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* June 20 1895

4. *Place of Birth, (Street and Number)* 1344 Fremont

5. *Full Name of Mother,* Francis Borge Smith

6. *Mother's Maiden Name,* Calvert Co. Md.

7. *Mother's Birthplace,* David Borge

8. *Full Name of Father,* Work in Factory

9. *Father's Occupation* Calvert Co. Md.

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Sarah E. Def

Address, 612 Calvert St

Remarks,

8950004100

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) X 8 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 21 st 1895
4. *Place of Birth, (Street and Number)* 1817 Bonnet St.
5. *Full Name of Mother,* E Ann Wills
6. *Mother's Maiden Name,* " " Hammond
7. *Mother's Birthplace,* Baltimore, Md
8. *Full Name of Father,* John Wills
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Lynch & Dee

Address, 612 Lorrett St

Remarks,

675000410 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 26 day of June
4. *Place of Birth, (Street and Number)* 1928 Eutaw Pl
5. *Full Name of Mother,* Mrs Florence Hankins
6. *Mother's Maiden Name,* Florence James
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Ellsworth Worthy Hankins
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Sarah E Det

Address, 612 Collate St.

Remarks,

8950004102

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 26 — 95
4. *Place of Birth, (Street and Number)*	1635 Orleans St
5. *Full Name of Mother,*	Mary J. Hall
6. *Mother's Maiden Name,*	J. Shoemaker
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wm J. Hall
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwell
Address,	1738 N. Bond St
Remarks,	

8 9 5 0 0 0 4 1 0 3

Wm J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 29 '95
4. *Place of Birth, (Street and Number)*	2116 Walbrook ave
5. *Full Name of Mother,*	Mrs. Dorothy M Blum
6. *Mother's Maiden Name,*	" " Willick
7. *Mother's Birthplace,*	Brooklyn N Y
8. *Full Name of Father,*	August W Blum
9. *Father's Occupation*	Optician
10. *Father's Birthplace,*	Lorrenstein Wrtemberg Germany
Name of Medical Attendant, or other person who makes this Return,	T C Worthington
Address,	840 W. Fayette St
Remarks,	

6 7 5 0 0 0 4 1 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

births which have occurred under his or her care during the
be ascertained the full name of each child, (if any shall have
cupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
l to comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3 d June
4. *Place of Birth, (Street and Number)* 1809 north Spring St
5. *Full Name of Mother,* Elisbeth Henson
6. *Mother's Maiden Name,* Elisbeth Smith
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* otto Henson
9. *Father's Occupation,* A Cutter of coats
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Susan Morris

Address, 1808 N Spring St

Remarks, full time All right

8950001 P05

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 66459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4th

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* June 17th 1895
4. *Place of Birth,* (*Street and Number*) 231 S Register st
5. *Full Name of Mother,* Mary A. Booth Herman
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Jacob F. Booth
9. *Father's Occupation,* Moulder
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return: H. H. Schwatka M.D.

Address, 2423 Fait Av

Remarks,

8950004106

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 66460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 26th 1895
4. *Place of Birth, (Street and Number)* #2712, Boston st
5. *Full Name of Mother,* Susan Jackson
6. *Mother's Maiden Name,* " Applegrast
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Jessie Jackson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, W. H. Schwatka M D

Address, 2429 Fait Av

Remarks,

6950004107

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...ascertained the full name of each child, if any shall have ...upation of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...the Commissioner of Health. In case the birth of any child ...or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall ...ith, in the manner and within the period above required, and ...to comply with the provisions of this section shall be sub... to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 66461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June ~~July~~ 27 ~~1915~~
4. *Place of Birth, (Street and Number)*	347 Raitan St
5. *Full Name of Mother,*	Mary Heniman Smith
6. *Mother's Maiden Name,*	Baltimore
7. *Mother's Birthplace,*	David M Heniman
8. *Full Name of Father,*	Streetcar
9. *Father's Occupation,*	Baltimore
10. *Father's Birthplace,*	E. E. Gause M. D.
Name of Medical Attendant, or other person who makes this Return.	832 Columbia Ave
Address,	
Remarks,	

0 4 5 0 0 0 4 1 0 8

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 66462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 7, 1893
4. *Place of Birth, (Street and Number)* 22 Compton St
5. *Full Name of Mother,* Mary Sanders
6. *Mother's Maiden Name,* Mary Brown
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm G. Sanders
9. *Father's Occupation* Letter carrier
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Dr. R. Lashen

Address, 2136 Hark St

Remarks, Long Fee

0950004109

Wm. J. C. Dulany Co,. City Printers and Stationers.

Over

RETURN OF A BIRTH. 66463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Confinement

1. Sex, (state whether male or female) Two Females (twins)
2. Race or Color, (if not of the white race) White
3. Date of Birth, Saturday June 8th 1895
4. Place of Birth, (Street and Number) 243 Orbain Ave, Roland Park
5. Full Name of Mother, Jessie O. Cugle
6. Mother's Maiden Name, Jessie Owen
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Chas. Cugle
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton M.D

Address, S.W. cor. Walnut & Preston Sts.

Remarks, Full name Twin #1 Edyth Heath Cugle

Full name Twin #2 Clara Eloise Cugle

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

ascertained the full name of each child, (if any shall have
upation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
r practioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
h, in the manner and within the period above required, and
o comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* wht.
3. *Date of Birth,* June 12. 1895.
4. *Place of Birth, (Street and Number)* 235 W Biddle st
5. *Full Name of Mother,* Katharine A Clarke
6. *Mother's Maiden Name,* " " Murphey
7. *Mother's Birthplace,* Penna
8. *Full Name of Father,* Addison H Clarke
9. *Father's Occupation* dealer in cement &c
10. *Father's Birthplace,* Illinois

Name of Medical Attendant, or other person who makes this Return, G Lane Tanneyhill

Address, 1103 Mads ave

Remarks, Tedious labor; instruments & chloroform.

' 6 9 5 U 0 0 4 1 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 15th of June
4. *Place of Birth, (Street and Number)* Baltimore 1492 Wood St
5. *Full Name of Mother,* Lizzie I. Waters
6. *Mother's Maiden Name,* Lizzie Butler
7. *Mother's Birthplace,* Washington County
8. *Full Name of Father,* Wesley Waters
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Charles County

Name of Medical Attendant, or other person who makes this Return, Grace Harris

Address, 918 Stockholding St

Remarks, ...

.....

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

0750024112

GIVEN NAME ADDED 6-17-55

RETURN OF A BIRTH. 66466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lydia Bertha ~~Bessie~~ " Batton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 15. 1895
4. *Place of Birth, (Street and Number)* 509 McMechin st
5. *Full Name of Mother,* Lydia H Batton
6. *Mother's Maiden Name,* " " Maudsley
7. *Mother's Birthplace,* Scotland
8. *Full Name of Father,* William A Batton
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, G Lane Taneyhill

Address, 1103 Mads ave

Remarks,

07500041113

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 66467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 18th '95
4. Place of Birth, (Street and Number) 143 W. West St.
5. Full Name of Mother, Fannie Hawkins
6. Mother's Maiden Name, " Thomas
7. Mother's Birthplace, David Hawkins
8. Full Name of Father,
9. Father's Occupation, Cart Driver
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Mrs Grey

Address, Rose Court

Remarks,

, 8 7 5 U 0 8 4 1 1 4

mouth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 66468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 18, 1923
4. *Place of Birth, (Street and Number)* 205 Carlton St
5. *Full Name of Mother,* Annie Hyanet
6. *Mother's Maiden Name,* Annie Butler
7. *Mother's Birthplace,* Baeto
8. *Full Name of Father,* Johnny Hyanet
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baeto

Name of Medical Attendant, or other person who makes this Return, Dr. R. Cashen

Address, 2136 Heath St

Remarks, Home Case

B 7500041115

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 66469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Wht
3. *Date of Birth,* June 19. 1895
4. *Place of Birth, (Street and Number)* 116 W. 21st St
5. *Full Name of Mother,* Catharine L Slater
6. *Mother's Maiden Name,* " " Kuny
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Henry L Slater
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return, G Lane Tanyhill

Address, 1103 Mads ave

Remarks, Instruments and chloroform

B 5 0 0 0 4 1 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A-66470

RETURN OF A BIRTH. 60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore C

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~3rd.~~ 1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 23rd. 1895
4. *Place of Birth, (Street and Number)*	731 E. Preston St.
5. *Full Name of Mother,*	~~Mollie~~ Nellie M. Burns.
6. *Mother's Maiden Name,*	Nellie M. Shipley
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	A. F. Burns.
9. *Father's Occupation*	Milk Dealer
10. *Father's Birthplace,*	Balto Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton. M.D.
Address,	S.W. cor. Calvert & Preston Sts.
Remarks,	

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 24, 1893

4. *Place of Birth, (Street and Number)* 19 Wall St

5. *Full Name of Mother,* Maggie Cullen

6. *Mother's Maiden Name,* Maggie Robinson

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Frank Cullen

9. *Father's Occupation* Coal trimmer

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Dr R Easley

Address, 2136 E. Lee St

Remarks, Loving Mother

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Wm. J. C. Dulany Co,. City Printers and Stationers.

...cupation of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...of the Commissioner of Health. In case the birth of any child ...or practioner of midwifery, or should no other person be in ...ter it shall become the duty of the person or parents of such ...ith, in the manner and within the period above required, and ...to comply with the provisions of this section shall be sub- ...to be recovered as other fines and forfeitures are recoverable.

...name and occupation ...delivered, duly signed by the practi- ...third day of each and every month to the office of the C... ...shall occur without the attendance of a physician or pra... ...attendance upon the mother, immediately thereafter it s... ...child to report its birth to the Commissioner of Health, in ...any such person or persons who shall hereafter fail to com... ...jected to the fine of ten (10) dollars for each offence, to be ...

GIVEN NAME ADDED 6-6-52

RETURN OF A BIRTH. 66472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

IRA WUTHER ~~~~~~~~ HOUGHTON

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) wht
3. Date of Birth, June 25, 1895
4. Place of Birth, (Street and Number) 617. W. Biddle St
5. Full Name of Mother, Louise L Houghton
6. Mother's Maiden Name, " " Ringwalt
7. Mother's Birthplace, Penna
8. Full Name of Father, Ira H Houghton
9. Father's Occupation Real Estate
10. Father's Birthplace, Ohio

Name of Medical Attendant, or other person who makes this Return, G Lane Dauphin

Address, 1103 Madison ave

Remarks,

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Wm. J. C. Dulany Co., City Printers and Stationers

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd. Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 29th. 1895
4. *Place of Birth, (Street and Number)*	1520 Holbrook St.
5. *Full Name of Mother,*	Sallie A. Miller
6. *Mother's Maiden Name,*	Sallie Appleton
7. *Mother's Birthplace,*	York Co. Pa.
8. *Full Name of Father,*	Elmer Miller
9. *Father's Occupation*	Conductor N. C. R. R.
10. *Father's Birthplace,*	Perry Co. Pa.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton, M.D.
Address,	S. W. Cor. Calvert & Preston Sts
Remarks,	

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Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 66734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether ~~male~~ or female),*
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 1st 1895
4. *Place of Birth (Street and Number),* Fayette & Patterson Av.
5. *Full Name of Mother,* Mary Smith
6. *Mother's Maiden Name,* Amendt,
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Anthony J. Smith
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. L. A. Monmonier

Address, 634 Gorsuch Av.

Remarks,

The child shall be registered by the name set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

0750004121

RETURN OF A BIRTH. 66475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Geboren 1 Juni 95.

4. *Place of Birth, (Street and Number)* Altemeier str. No 168.

5. *Full Name of Mother,* Tekla Domoska

6. *Mother's Maiden Name,* Medhen

7. *Mother's Birthplace,* Poland

8. *Full Name of Father,* Dr. Papiel

9. *Father's Occupation* Rurland

10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Agnes Hadstad

Address, Thames str. No 1635

Remarks, Lyst

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 3 95
4. *Place of Birth, (Street and Number)*	1301 Mut st
5. *Full Name of Mother,*	Mrs. Geo. Kraft.
6. *Mother's Maiden Name,*	Cora A. Schwartz
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Kraft.
9. *Father's Occupation*	Merchant.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	J. H. Robinson M.D.
Address,	724 E Lanvale st
Remarks,	

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Wm. J. C. Dulany Co., City Printers and Stationers.

...name of each child, if any shall have ...and occupation of its parents, the date and place of birth; and the ...by the practitioner in the form of a certificate between the first and ...fice of the Commissioner of Health. In case the birth of any child ...sician or practioner of midwifery, or should no other person be in ...hereafter it shall become the duty of the person or parents of such ...of Health, in the manner and within the period above required, and ...or fail to comply with the provisions of this section shall be sub- ...fence, to be recovered as other fines and forfeitures are recoverable.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

66477

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 6th 1895
4. Place of Birth (Street and Number)	1717 Lansing Ave
5. Full Name of Mother	Katherine Sofa
6. Mother's Maiden Name	K. Neuville
7. Mother's Birthplace	Balto City
8. Full Name of Father	Conrad Sofa
9. Father's Occupation	Tinner
10. Father's Birthplace	Switzerland
Name of Medical Attendant, or other Person who makes this Return.	Chas. B. Leigh MD
Address	920 N Broadway
Remarks	

8950004124

RETURN OF A BIRTH. 66478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 7 of June
4. Place of Birth, (Street and Number) 921 Linden ave
5. Full Name of Mother, Katie. Klause
6. Mother's Maiden Name, Katie, Smith Hochstadt
7. Mother's Birthplace,
8. Full Name of Father, Joe. Klause
9. Father's Occupation, shoe. Maker
10. Father's Birthplace, Hochstatt

Name of Medical Attendant, or other person who makes this Return, Mrs Traczyk (Midwife)

Address, 419 South Eutaw Street

Remarks,

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Wm J C. Dulany Co., City Printers and Stationers.

...ness, color, the full name and occupation of its parents, the date and place of birth; and the ...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...ance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Monday June 10th 95
4. *Place of Birth, (Street and Number)* 1722 Mount St city Md
5. *Full Name of Mother,* Annie, coreane, Snyder
6. *Mother's Maiden Name,* A C Turnbaugh
7. *Mother's Birthplace,* Hereford Balto Co Md
8. *Full Name of Father,* Edward, Elsworth, Snyder
9. *Father's Occupation* As Time keeper
10. *Father's Birthplace,* Carroll Co Md

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Dr. J. Shockney 781 Cumberland St city

Remarks,

8250004126

Wm. J. C. Dulany Co,. City Printers and Stationers.

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Geboren 12 Juni 95.
4. *Place of Birth, (Street and Number)* Thames str. No 1616.
5. *Full Name of Mother,* Lucy Krugala.
6. *Mother's Maiden Name,* Potedhen Wojciaka
7. *Mother's Birthplace,* Poland.
8. *Full Name of Father,* Tany Wojcik.
9. *Father's Occupation* Asst Grin.
10. *Father's Birthplace,* Poland.

Name of Medical Attendant, or other person who makes this Return, Agnes Adolina

Address, Thames str. No 1635.

Remarks, Sa mt.

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Wm. J. C. Dulany Co., City Printers and Stationers.

66481

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 13 / 99
4. *Place of Birth, (Street and Number)* 1125 Bolton St.
5. *Full Name of Mother,* Lizzie ~~Hamilton~~ Jones
6. *Mother's Maiden Name,* Lizzie Hamilton.
7. *Mother's Birthplace,* City
8. *Full Name of Father,* J. E. Jones
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. J. Whitridge Williams M.D.

Address, 845 Park Ave

Remarks,

8 9 5 0 0 0 4 1 2 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 16 95
4. *Place of Birth, (Street and Number)*	422 East St.
5. *Full Name of Mother,*	K. Goldstein
6. *Mother's Maiden Name,*	K. Mzelowsky
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	J. Goldstein
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	J. H. Robinson MD.
Address,	22 E. Pleasant St
Remarks,	

1895 U 004129

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 18th 1895

4. Place of Birth, (Street and Number) 302 E. Lombard st.

5. Full Name of Mother, Ida Fina Lazaroff

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Meier Lazaroff

9. Father's Occupation Butcher

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Eden st.

Remarks,

8750001130

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21st June 1895
4. *Place of Birth, (Street and Number)* 1545 Montpelier St Balt. City
5. *Full Name of Mother,* Sarah Triplett
6. *Mother's Maiden Name,* Sarah Flan
7. *Mother's Birthplace,* Ireland or N.S.
8. *Full Name of Father,* Edward Triplett
9. *Father's Occupation* Sawyer
10. *Father's Birthplace,* Baltimore or Md

Name of Medical Attendant, or other person who makes this Return Jos. J. Stockbridge

Address, 781 Cumberland St City

Remarks,

0950004131

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 24th 1895
4. *Place of Birth, (Street and Number)* 576 S. Bond st.
5. *Full Name of Mother,* Rachel ~~Abrams~~ Rodberg
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Abraham Rodberg
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. B. Bernstein

Address, 122 S. Exeter st.

Remarks,

8 9 5 0 0 0 4 1 3 2

Been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 66406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 24, 1895
4. *Place of Birth, (Street and Number)* 410 Hoffman St.
5. *Full Name of Mother,* Celia Cornish Jones
6. *Mother's Maiden Name,* Celia Cornish
7. *Mother's Birthplace,* St. Mary's Co. Md.
8. *Full Name of Father,* Cyrus Jones
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Glouster Co Va.

Name of Medical Attendant, or other person who makes this Return, Louise Eatny M.D.

Address, Resident Physician Maternite Menains Med College

Remarks, 410 N. Hoffman St

1895 00 04133

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the ... third day of each and every month to the office of ... shall occur without the attendance of a physician ... attendance upon the mother, immediately thereafter ... child to report its birth to the Commissioner of Health ... any such person or persons who shall hereafter fail ... jected to the fine of ten (10) dollars for each offence, ... to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 27th 1895
4. Place of Birth, (Street and Number) 405 Cortland St
5. Full Name of Mother, Mary Elizabeth Lewis
6. Mother's Maiden Name, " " Maher
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James William Lewis
9. Father's Occupation, Police Officer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Geo. D. Reynolds M.D.

Address, 111 N. Calvert St

Remarks,

1895000413 4

said schedule shall be delivered, duly signed by the practitioner or other person who shall attend such birth, to the office of the Commissioner of Health, within the third day of each and every month; and the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 29th June
4. *Place of Birth, (Street and Number)* 1711 Carlile Place
5. *Full Name of Mother,* Mary Lowry
6. *Mother's Maiden Name,* " Brocker
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Nathaniel Lowry
9. *Father's Occupation* Stone cutter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 944 N Bayer

Remarks,

0750004135

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 29th
4. *Place of Birth, (Street and Number)* 2043 Boker st
5. *Full Name of Mother,* Mary Kennedy
6. *Mother's Maiden Name,* " Crilly
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James Kennedy
9. *Father's Occupation* Iron Moulder
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 944 N Gay st

Remarks,

0750004136

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 20th 1895
4. Place of Birth, (Street and Number) 1641 E Baltimore St
5. Full Name of Mother, Carrie Lawson
6. Mother's Maiden Name, Seelenberg
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Lawson
9. Father's Occupation, Spring bed Manufacturer
10. Father's Birthplace, Penna

Name of Medical Attendant, or other person who makes this Return, Geo. Bloomer M.D.

Address, 111 N Calvert St.

Remarks,

8750004137

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 30th
4. *Place of Birth, (Street and Number)* No 12 W. Cross St.
5. *Full Name of Mother,* Anna Elizabeth Wilder
6. *Mother's Maiden Name,* " " Wilkinson
7. *Mother's Birthplace,* Patuxent Calvert Co. Md.
8. *Full Name of Father,* Henry C. Wilder
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Portsmouth, Va.

Name of Medical Attendant, or other person who makes this Return, Maggie Wilkinson,

Address, No 14 W. Cross St. —

Remarks,

8 9 5 0 0 0 4 1 3 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 66492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 12, 1895
4. *Place of Birth, (Street and Number)* 535 N. Broadway
5. *Full Name of Mother,* Lillie D. Wallis
6. *Mother's Maiden Name,* Bull
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* William H. Wallis
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, J. Frank Crouch M.D

Address, 1001 Aisquith St.

Remarks,

8 9 5 0 0 9 4 1 3 9

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 6 1901
4. *Place of Birth, (Street and Number)* 121 Pinkney
5. *Full Name of Mother,* Mary Duffy
6. *Mother's Maiden Name,* Hart
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* J. P. Duffy
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, J. D. Crouch M.D.

Address, 1611 Argyle

Remarks,

675 0004 140

Wm. J. C. Dulany Co., City Printers and Stationers.

Name of Child, if any, shall be stated; and the month, and the hour of birth, if known, shall be ascertained as nearly as possible. The full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, and whether the first and only child, or twin, or triplet, shall be stated. Every birth which shall hereafter occur in this City, or which shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 23 1895
4. *Place of Birth, (Street and Number)*	361 W. Calvert
5. *Full Name of Mother,*	Theresa Downey
6. *Mother's Maiden Name,*	Canty
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John T. Downey
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	J. F. Crouch, M.D.
Address,	1051 Aisquith St
Remarks,	

8 2 5 4 0 0 4 1 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any such have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 24 1895
4. *Place of Birth, (Street and Number)* 1619 E Baltimore
5. *Full Name of Mother,* Ella Morgan
6. *Mother's Maiden Name,* Caffrey
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* James F Morgan
9. *Father's Occupation* Manufacturer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, J B Crouch M.D

Address, 1051 Aisquith

Remarks,

8 7 5 0 0 0 4 1 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 29, 1896

4. *Place of Birth, (Street and Number)* 1201 Eutaw

5. *Full Name of Mother,* Mary D. Spurrier

6. *Mother's Maiden Name,* Susan

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Henry B. Spurrier

9. *Father's Occupation* Engraver

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, H. Brasel M.D.

Address, 1051 Augusta Ave

Remarks,

8 9 5 0 0 0 4 1 4 3

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* June 19/95

4. *Place of Birth, (Street and Number)* 815 N Calvert st.

5. *Full Name of Mother,* Catherine D. Lenard

6. *Mother's Maiden Name,* " " Berry

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* John F. Lenard

9. *Father's Occupation* Sandcart

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Edward D. McDevitt

Address, 218 Aisquith st

Remarks, First

month, and shall set forth as far as the same can be ascertained the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 66498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

Name Richard Israel Mertz

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June Tenth (10) 1895
4. *Place of Birth, (Street and Number)* 1631 North Calvert St
5. *Full Name of Mother,* Ida Israel Mertz
6. *Mother's Maiden Name,* Ida Ella Israel
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Wm C Mertz
9. *Father's Occupation,* Merchant Tailor
10. *Father's Birthplace,* Washington DC

Name of Medical Attendant, or other person who makes this Return. Dr Leo Franzoni

Address, 605 F Street nw Washington DC

Remarks, This certificate would have been filed Early but physician being a non resident & not familiar with rules of health dept.

W. C. Mertz.

9/23/95

Wm J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

pation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
practioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
, in the manner and within the period above required, and
comply with the provisions of this section shall be sub-
be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [redacted]/11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 26/95
4. *Place of Birth, (Street and Number)* 1641 Orleans st.
5. *Full Name of Mother,* Catherine J. Montaugh
6. *Mother's Maiden Name,* " " Lamar
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Thomas Montaugh
9. *Father's Occupation* Boatman.
10. *Father's Birthplace,* Fairfax Co Va

Name of Medical Attendant, or other person who makes this Return, Edward P. McDevitt

Address, 1641 Orleans

Remarks,

8750004146

been conferred its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practition
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or practio
attendance upon the mother, immediately thereafter it shal
child to report its birth to the Commissioner of Health, in the
any such person or persons who shall hereafter fail to compl
jected to the fine of ten (10) dollars for each offence, to be rec

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 66500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) White Fourth

1. *Sex, (state whether ~~male or~~ female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 14th 1895
4. *Place of Birth, (Street and Number)* 1313 N. Eden St
5. *Full Name of Mother,* Clara M^c^ Nulty
6. *Mother's Maiden Name,* Clara M^c^ Canley
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Thos. M^c^ Nulty
9. *Father's Occupation* ~~Boiler~~ Bailiff in Tax Department
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Anna E. Godfrey

Address, 837 N. Central ave

Remarks,

B 7 5 0 0 9 4 1 4 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 66501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 29 95 June
4. *Place of Birth, (Street and Number)* 917 Eden st.
5. *Full Name of Mother,* Magie Muller
6. *Mother's Maiden Name,* Riehl
7. *Mother's Birthplace,* Germ.
8. *Full Name of Father,* Christoph Muller
9. *Father's Occupation,* carpenter
10. *Father's Birthplace,* Germ.

Name of Medical Attendant, or other person who makes this Return, Ann. Walter

Address, 928 N. Cent Av.

Remarks,

0 7 5 0 0 0 4 1 4 8

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 26th 1895
4. *Place of Birth, (Street and Number)* 1702 N Balto St
5. *Full Name of Mother,* Lillie Williams
6. *Mother's Maiden Name,* Frompson
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Lyon Williams
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, M F Cantin M D

Address, 1800 N Balto St

Remarks,

1 6 7 5 0 0 0 4 1 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of each child, (if any shall have
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 30 = 1895.
4. *Place of Birth, (Street and Number)* 324 S. Fremont Ave
5. *Full Name of Mother,* Alice Bell
6. *Mother's Maiden Name,* Crumpley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry E. Bell
9. *Father's Occupation* Tinsmith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. John Kopf M.D.

Address, 701 N Hamilton ave

Remarks,

8950004150

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8th 1895
4. Place of Birth, (Street and Number) 1734 Bond N
5. Full Name of Mother, Manzilla Mason
6. Mother's Maiden Name, Keith
7. Mother's Birthplace, Balto Co Md
8. Full Name of Father, Howard Mason
9. Father's Occupation carpenter
10. Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other person who makes this Return M D Billingslea

Address, 1206 E Baltimore St

Remarks,

0750004151

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 19th 1895

4. Place of Birth, (Street and Number) 1403 Eutaw

5. Full Name of Mother, Ida Preston Forrest

6. Mother's Maiden Name, Balti

7. Mother's Birthplace, Dand Preston St

8. Full Name of Father, Clerk

9. Father's Occupation Balti

10. Father's Birthplace, Wm. B. Billingsley

Name of Medical Attendant, or other person who makes this Return. 1206 E Biddle St

Address,

Remarks, 0750004152

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

66506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Elsa Louise Schwarz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 1st 1895

4. Place of Birth, (Street and Number) 126 Windermere Ave

5. Full Name of Mother, Louisa Schwarz

6. Mother's Maiden Name, Kleynsteuber (Kleinsteuber)

7. Mother's Birthplace, Balto

8. Full Name of Father, Gustav H (A. G) Schwarz

9. Father's Occupation Merchant

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs B Bilbrough

Address, 1206 E Preston St

Remarks,

C. Dulany Co., City Printers and Stationers.

1895 00041 53

RETURN OF A BIRTH. 66507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 28th 1895
4. *Place of Birth, (Street and Number)* 1515 E mason St.
5. *Full Name of Mother,* Melissa Talbott
6. *Mother's Maiden Name,* Ashe
7. *Mother's Birthplace,* Balto Co Md
8. *Full Name of Father,* John Talbott
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* ~~Balto Co~~ Balto Co Md

Name of Medical Attendant, or other person who makes this Return, Dr. A. D. Billingslea

Address, 1206 E. Biddle St

Remarks,

8950004154

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66608

GIVEN NAME ADDED 10-4-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edna May 8th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female) Female

2. *Race or Color*, (if not of the white race)

3. *Date of Birth*, March 20/95

4. *Place of Birth*, (Street and Number) 13 E. Broadway

5. *Full Name of Mother*, Sophia May

6. *Mother's Maiden Name*, Appelheimer

7. *Mother's Birthplace*, Baden Germany

8. *Full Name of Father*, Louis May

9. *Father's Occupation* Merchant

10. *Father's Birthplace*, Mulhausen Germany

Name of Medical Attendant, or other person who makes this Return, Edward P. Wilson M.D.

Address, 518 Aisquith St

Remarks,

6750004155

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

pation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* March 9/95

4. *Place of Birth, (Street and Number)* 214 E. 22 Street

5. *Full Name of Mother,* Meriam Rothschilds

6. *Mother's Maiden Name,* " Nunes

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Moses Rothschilds

9. *Father's Occupation* Insurance Agent.

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Edward P. McBride

Address, 208 East Lanvale

Remarks,

, 8950004156

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jul 25 95 402 N Central Ave
4. *Place of Birth, (Street and Number)* 402 N Central Ave
5. *Full Name of Mother,* Sarah A. Freeman
6. *Mother's Maiden Name,* " " Gallace
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Frank H. Freeman
9. *Father's Occupation* Carpenter & Builder
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Edward D. Windsor

Address, 208 Aisquith St

Remarks,

8795000415 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 66511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, March 5th 1895 1521 N. Spring St
4. Place of Birth, (Street and Number) 1521 N. Spring St
5. Full Name of Mother, Minnie Frankholz Schmidt
6. Mother's Maiden Name, Balto
7. Mother's Birthplace,
8. Full Name of Father, Wm. Frankholz
9. Father's Occupation wood carver
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. M. B. Billingslea

Address, 1206 E. Brooks

Remarks, 8950004158

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	14th
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	March 6th 1894.
4. *Place of Birth, (Street and Number)*	1602 E Lanvale St.
5. *Full Name of Mother,*	Jessie Bocknulle.
6. *Mother's Maiden Name,*	Jessie Baynard
7. *Mother's Birthplace,*	Crumpton Md.
8. *Full Name of Father,*	Chas H Bocknulle.
9. *Father's Occupation,*	Painter.
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	John A Pennington M D
Address,	1716 Linden Ave
Remarks,	

0 9 5 0 0 0 1 1 5 9

Been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-21-54

66513

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Clifton P. Wright 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 19th 1854

4. Place of Birth, (Street and Number) 1525 N. Eden

5. Full Name of Mother, Emma E. Wright

6. Mother's Maiden Name, Shaburn

7. Mother's Birthplace, Balto

8. Full Name of Father, Walter Wright

9. Father's Occupation Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. M. B. Billingslea

Address, 1206 E. Fayette St

Remarks, 8 9 5 0 0 0 4 1 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

...of its parents, the date and place of birth; and the ...ner in the form of a certificate between the first and ...missioner of Health. In case the birth of any child ...said schedule shall be delivered, duly signed by the practitioner in ...third day of each and every month to the office of the Coroner of such ...shall occur without the attendance of a physician or practitioner of ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- ...any such person or persons who shall hereafter fail to comply with the ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 5th 1895
4. *Place of Birth, (Street and Number)* 9 Gilmor Ave
5. *Full Name of Mother,* Margt Elsie Jane Campbell
6. *Mother's Maiden Name,* Snyder
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Dugall Mac Dougall Campbell
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Scotland

Name of Medical Attendant, or other person who makes this Return, Dr J. B Hart

Address, 816 Hoffman Ave

Remarks,

8950004161

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Coroner, his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 26th 1895
4. *Place of Birth, (Street and Number)* 109 Carroll Ave Georgia E. Boyd
5. *Full Name of Mother,* Miller
6. *Mother's Maiden Name,* Baltimore
7. *Mother's Birthplace,* William P. Boyd
8. *Full Name of Father,* Carriage Manufacturer
9. *Father's Occupation* Maryland
10. *Father's Birthplace,* Dr J B Hart

Name of Medical Attendant, or other person who makes this Return, 815 Jefferson Ave

Address, Hartlep

Remarks,

8750004162

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 3rd 95
4. *Place of Birth, (Street and Number)* 1278 Old York Rd
5. *Full Name of Mother,* Arlena J. Patterson
6. *Mother's Maiden Name,* Van Zandt
7. *Mother's Birthplace,* New York State
8. *Full Name of Father,* Stephen H. Patterson
9. *Father's Occupation* Florist
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Dr J. B. Kast

Address, F. S. Jefferson Ave

Remarks, Dead

8950004163

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 4th 1895.
4. *Place of Birth, (Street and Number)* 1273 E. North Ave
5. *Full Name of Mother,* Ida B. Hand
6. *Mother's Maiden Name,* Cole
7. *Mother's Birthplace,* Baltimore Co
8. *Full Name of Father,* John F. Hand
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr J. B. Hart

Address, 816 Jefferson Ave

Remarks,

8950004164

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

tion of its parents, the date and place of birth; and the
ctitioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
ractioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
n the manner and within the period above required, and
omply with the provisions of this section shall be sub-
e recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 5th 95
4. *Place of Birth, (Street and Number)* 404 Calvin Ave.
5. *Full Name of Mother,* Louise E. Coleman
6. *Mother's Maiden Name,* Louise E. Spence
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* ~~Louis~~ Wm Coleman
9. *Father's Occupation* Police Sargent Balto. Force
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, G. B. Hartzud

Address, 815 Jefferson St.

Remarks,

A 2500004165

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Jan 7th 1895
4. *Place of Birth, (Street and Number)* 18 Gorsuch Ave.
5. *Full Name of Mother,* Ella S. Georges
6. *Mother's Maiden Name,* Tench
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John C Georges
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J B Hart

Address, 815 Jefferson Ave

Remarks,

8950004166

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-27-57

RETURN OF A BIRTH. 66524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ethel Marie Bailey

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 8th 1895
4. Place of Birth, (Street and Number) 17 Brown Ave
5. Full Name of Mother, Ella V. Bailey
6. Mother's Maiden Name, Cole
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George P. T. Bailey
9. Father's Occupation Motorman
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Dr J B Hart

Address, 815 Jefferson Ave

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8750004167

RETURN OF A BIRTH. 66525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Jan 18th 1895

4. *Place of Birth, (Street and Number)* 148 Barclay St.

5. *Full Name of Mother,* Mary E. Shuck

6. *Mother's Maiden Name,* Lyons

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* John T Shuck

9. *Father's Occupation* St Car Conductor

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Dr O B East

Address, Jefferson Ave

Remarks, Family

B 2500041168

Wm. J. C. Dulany Co., City Printers and Stationers.

...ber of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...of the Commissioner of Health. In case the birth of any child ...or practioner of midwifery, or should no other person be in ...er it shall become the duty of the person or parents of such ...ith, in the manner and within the period above required, and ...to comply with the provisions of this section shall be sub- ...to be recovered as other fines and forfeitures are recoverable.

...occupation of its parents, the full name and occupation ... and the ...said schedule shall be delivered, duly signed by the practi- ... the ...third day of each and every month to the office of the C... ...shall occur without the attendance of a physician or pra... ...attendance upon the mother, immediately thereafter it s... ...child to report its birth to the Commissioner of Health, in ...any such person or persons who shall hereafter fail to com... ...jected to the fine of ten (10) dollars for each offence, to be ...

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 13, 1895
4. *Place of Birth, (Street and Number)*	1116 Russell St
5. *Full Name of Mother,*	Helena S. Koch
6. *Mother's Maiden Name,*	Buchan
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Adam J. Koch
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	H. E. Knipp M.D.
Address,	523 Scott St.
Remarks,	

6 7 5 0 0 0 4 1 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 1st 1895
4. *Place of Birth, (Street and Number)* Cor Independent & Gough
5. *Full Name of Mother,* Lena V Lotz
6. *Mother's Maiden Name,* Miller
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Adam Lotz
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr. J. B Hart

Address, 815 Jefferson Ave

Remarks,

8750004170

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 20th 95
4. *Place of Birth, (Street and Number)* Oak Ave near Old York Rd
5. *Full Name of Mother,* Henrietta Gentry
6. *Mother's Maiden Name,* Henrietta Saunders
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Charles G. Gentry
9. *Father's Occupation* China Mender
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 815 Jefferson Ave

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

The Registrar shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4 - 1 - 54)
Hall of Records Commission

the births which have occurred under his or her care during the
can be ascertained the full name of each child, (if any shall have
d occupation of its parents, the date and place of birth; and the
the practitioner in the form of a certificate between the first and
ce of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or midwifery, or should no other person be in
reafter it shall become the duty of the person or parents of such
Health, in the manner and within the period above required, and
fail to comply with the provisions of this section shall be sub-
ence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 20th 95
4. *Place of Birth, (Street and Number)* Caton Ave near Old York Rd
5. *Full Name of Mother,* Henrietta Fentry
6. *Mother's Maiden Name,* Henrietta Daniels
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Charles G. Fentry
9. *Father's Occupation* Clean Sweeper
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, B Hanford

Address, 815 Jefferson Ave

Remarks,

1895004171

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 30th 1895.

4. *Place of Birth, (Street and Number)* 28 Cottage Ave

5. *Full Name of Mother,* Marguette E. Schofield

6. *Mother's Maiden Name,* Tinkler

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Wm. Thomas Schofield

9. *Father's Occupation* Coach painter

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Dr.) B. Hart

Address, 815 Jefferson

Remarks, Henry A. Schofield

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 5 0 0 0 1 1 7 2

RETURN OF A BIRTH 66536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female,
2. *Race or Color, (if not of the white race)*	W.
Date of Birth,	1 July 1895.
3. *Place of Birth, (Street and Number)*	1520 Presstman St,
5. *Full Name of Mother,*	Minnie Lee Suter,
6. *Mother's Maiden Name,*	Thorpe,
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	O. Walter J. Suter,
9. *Father's Occupation,*	Candy Manf
10. *Father's Birthplace,*	Balto. City
Name of Medical Attendant, or other person who makes this Return,	J. L. Engle M.D
Address,	1007 ed. Fawn ave
Remarks,	

month, and shall set forth as to the same the name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1895 0004173

on of its parents, the date and place of birth; and the
tioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
ctioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
the manner and within the period above required, and
nply with the provisions of this section shall be sub-
recovered as other fines and forfeitures are recoverable.

been conferred,) its sex, color, the full name and occupation of
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commis
shall occur without the attendance of a physician or practioner
attendance upon the mother, immediately thereafter it shall be
child to report its birth to the Commissioner of Health, in the m
any such person or persons who shall hereafter fail to comply w
jected to the fine of ten (10) dollars for each offence, to be recov

RETURN OF A BIRTH. 66537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 21st 1895
4. *Place of Birth, (Street and Number)* 2028 Bolton St
5. *Full Name of Mother,* Emma Kurz
6. *Mother's Maiden Name,* Ladder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Kirk
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Evans

Address,

Remarks,

8 7 5 0 0 0 4 1 7 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 66538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 and 6 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1st July 1895
4. *Place of Birth, (Street and Number)* 36 E. Bond St
5. *Full Name of Mother,* Florena Somenbery
6. *Mother's Maiden Name,* Ward
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Fredrick Somenbery
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Baltd

Name of Medical Attendant, or other person who makes this Return, Mrs L Gross

Address, 1907 E Monument St

Remarks,

8950004175

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2d.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 1 of July 1895
4. *Place of Birth, (Street and Number)* No 427 South Gay St
5. *Full Name of Mother,* Mary Crane
6. *Mother's Maiden Name,* Mary Rogers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred. J. Crane
9. *Father's Occupation* Hatter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno. Chu

Address, No 1059 [illegible]

Remarks,

0975 0004176

Wm. J. C. Dulany Co., City Print

be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 66540

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Augustine James Robinal Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 1st 1895
4. *Place of Birth (Street and Number)* 1362 N. Stricker
5. *Full Name of Mother* Helen G. Robins
6. *Mother's Maiden Name* " Wernig
7. *Mother's Birthplace* Balto. Md
8. *Full Name of Father* A. J. Robins
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Charles Getz M.D.

Address 312 N. Carey St.

Remarks GIVEN NAME ADDED 8-6-52

8950004177

66541

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 1st 1895
4. *Place of Birth, (Street and Number)* 819 N. Caroline st.
5. *Full Name of Mother,* Isabella Patrick
6. *Mother's Maiden Name,* " Magness
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* J. Jos. L. Patrick
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Brooklyn N. Y.

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

1895 0004178

Wm J C. Dulany Co., City Printers and Stationers.

such conceives his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 1st
4. *Place of Birth, (Street and Number)*	2 Lancaster 425
5. *Full Name of Mother,*	Lizzie Bendelt
6. *Mother's Maiden Name,*	Miller
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Bendelt
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return.	Mary Grotka
Address,	622 S. Bond St.
Remarks,	

0750004179

Wm. J. C. Dulany Co., City Printers and Stationers.

KODAK SAFETY FILM

RETURN OF A BIRTH. 66543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 - 3 Twins

1. *Sex, (state whether male or female)* both one of each sex
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 1st. 95
4. *Place of Birth, (Street and Number)* 404 Sagwith St
5. *Full Name of Mother,* Imagyne Follmer
6. *Mother's Maiden Name,* " Mcanlach
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Hon & Henry L Follmer
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Ina Caroline Miller

Address, 1605 Walker St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

...case of each child born in this city, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored race
3. *Date of Birth,* Born July 1st. 1896
4. *Place of Birth, (Street and Number)* 1238 Mccubbin St Balto. Md.
5. *Full Name of Mother,* Charlett C Laydering
6. *Mother's Maiden Name,* Charlett C Washington
7. *Mother's Birthplace,* New Kent County Va.
8. *Full Name of Father,* James C Laydering
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* King Williams County Va.

Name of Medical Attendant, or other person who makes this Return, Georgianna Brooks

Address, 1751 E. Mulliken St.

Remarks, No remarks this the full contents.

8950001181

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1.	*Sex, (state whether male or female)*	Female.
2.	*Race or Color, (if not of the white race)*	Colored.
3.	*Date of Birth,*	July 2 1895.
4.	*Place of Birth, (Street and Number)*	1305 Brunt St.
5.	*Full Name of Mother,*	Lillie Wesley.
6.	*Mother's Maiden Name,*	
7.	*Mother's Birthplace,*	Baltimore.
8.	*Full Name of Father,*	Herman Jones.
9.	*Father's Occupation,*	Waiter.
10.	*Father's Birthplace,*	Baltimore.
	Name of Medical Attendant, or other person who makes this Return,	Mrs. Annie Johnson
	Address,	704 Tyson St.
	Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered

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GIVEN NAME ADDED. 8-22-62

RETURN OF A BIRTH. 66546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Joseph Brandt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 2. 1895
4. Place of Birth, (Street and Number) 325 S Stricker
5. Full Name of Mother, Maggie Brandt.
6. Mother's Maiden Name, Maggie Bortler.
7. Mother's Birthplace, Balto.
8. Full Name of Father, John L. Brandt.
9. Father's Occupation Shoe. Dresser.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 29 N Pennsylvania Ave

Remarks,

8 9 5 0 0 0 4 1 8 3

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been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 5/22/96 6654

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NAME; ELLA WATKINS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* July 2nd 1895
4. *Place of Birth, (Street and Number)* 871 Harlem ave
5. *Full Name of Mother* Annie Watkins
6. *Mother's Maiden Name* Annie Lee
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Watkins
9. *Father's Occupation* paper hanger
10. *Father's Birthplace* Kent Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Amanda Taylor Norris

Address 871 Harlem ave

Remarks

8950004184

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 66648.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 2nd 95.
4. *Place of Birth, (Street and Number)* 2818 W. Lafayette ave. Extended
5. *Full Name of Mother,* Maggie Pfeiffer
6. *Mother's Maiden Name,* Maggie Mader
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Wm. J. Pfeiffer
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Howard Co. Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Pile. M.D.

Address, 1903 W. Fayette St.

Remarks,

8950041185

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The births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 2 1895
4. *Place of Birth, (Street and Number)* 1134 Druid Hill Ave
5. *Full Name of Mother,* Alberta Gibson Richardson
6. *Mother's Maiden Name,* Alberta Gibson
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Benjamin Gibson
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Jane Ford M.D. Graduate

Address, Physician Alumnae Women's Med. College

Remarks, 1100 N. Eutaw St

8950004186

Wm. J. C. Dulany Co., City Printers and Stationers.

birth conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Gertrude Annie Fowler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 2/95
4. *Place of Birth, (Street and Number)*	1428 N. Mount St.
5. *Full Name of Mother,*	Mr Lewis Fowler
6. *Mother's Maiden Name,*	Annie Derbes
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Lewis Fowler
9. *Father's Occupation*	Oiler
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	E. A. Smith M.D.
Address,	2508 Penna. Ave.
Remarks,	

been conferred its sex, color, the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 66551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 2 nd 1895
4. *Place of Birth, (Street and Number)* R. 143 S. Exeter St.
5. *Full Name of Mother,* Rachel Sachs
6. *Mother's Maiden Name,* " Glass
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Joseph Sachs
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Y. Feldman

Address, 129 S Lonsdale St

Remarks, 8950004188

be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 66553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2nd July 1895
4. *Place of Birth, (Street and Number)* 137 N. Exeter St
5. *Full Name of Mother,* Julia Liberman
6. *Mother's Maiden Name,* Dreskin
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Liberman
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E Schuman

Address, 72 Albemarle St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

8950004189

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 2/98 ~~431 N. Gay St~~
4. *Place of Birth, (Street and Number)* 431 N. Gay St
5. *Full Name of Mother,* Bessy Astins
6. *Mother's Maiden Name,* " Bettencier
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Soloman Astins
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, J. C. Oelendorf M. D.

Address, 518 N. Bond St

Remarks,

8950004190

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occupation of its parents, the full name and occupation of the physician or midwife, if any shall have
practitioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
er it shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
l to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2nd July
4. *Place of Birth, (Street and Number)* 802 Hanover St
5. *Full Name of Mother,* Ida Bauls
6. *Mother's Maiden Name,* Kaffer
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Simon Bauls
9. *Father's Occupation,* Boots manufacturer
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E Cherner

Address, 72 Albemarle St

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

8950004191

RETURN OF A BIRTH. 66555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* 2d July

4. *Place of Birth, (Street and Number)* 812 Fell St

5. *Full Name of Mother,* Bridget Powers.

6. *Mother's Maiden Name,* Bridget Burk

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Dwyd Powers

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. D. Dyer Mulvihill

Address, 1417 E. Fayette St.

Remarks,

8950004192

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 66556

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 2 1895
4. *Place of Birth, (Street and Number)* 310 S. Highland Ave city
5. *Full Name of Mother,* Mary E Shetler
6. *Mother's Maiden Name,* Painter
7. *Mother's Birthplace,* Baltimore Co MD
8. *Full Name of Father,* Joseph H Shetler
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Co MD

Name of Medical Attendant, or other person who makes this Return.

Address, Martha E King 545 Linden Ave city

Remarks,

, 8950004193

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of Medicine, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 3rd 1895
4. *Place of Birth, (Street and Number)* 1026 N. Chickes St.
5. *Full Name of Mother,* Theus Paules.
6. *Mother's Maiden Name,* Theus Switzer
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* George Paules
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Harry Boyd.

Address, 677 Columbia Ave.

Remarks,

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	July 3 / 95
4. *Place of Birth, (Street and Number)*	1429 N. Central ave
5. *Full Name of Mother,*	Jane Bennett
6. *Mother's Maiden Name,*	" Jordan
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Wm H. B. Bennett
9. *Father's Occupation*	Printer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	R. W. Mansfield M.D
Address,	129 E Broadway
Remarks,	8950004195

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RETURN OF A BIRTH 66559

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (*state whether ~~1st~~, 2d, ~~3d, &c.~~*)

1. *Sex,* (*~~state whether~~ male or ~~female~~*)
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* July 3 95
4. *Place of Birth,* (*Street and Number*) 57 Battle Pl
5. *Full Name of Mother,* Jennie Holland
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Moses Holland
9. *Father's Occupation,* Mine Insist
10. *Father's Birthplace,* South Md

Name of Medical Attendant, or other Person who makes this Return — Dr E Boerstein

Address, 422 N Fremont

Remarks, Child lived a few hours after a premature birth. Dr E Boerstein & interne City Hosp.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

& CO., CITY PRINTERS AND STATIONERS

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GIVEN NAME ADDED 8-16-54 f.

RETURN OF A BIRTH. 66560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Virginia Gertrude Wood 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 3/95
4. *Place of Birth, (Street and Number)* 1904 Riggs Ave.
5. *Full Name of Mother,* Mrs Rosa Wood
6. *Mother's Maiden Name,* Florence Barton
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Rosa Wood
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Anne Arundel Co. Md.

Name of Medical Attendant, or other person who makes this Return. E A Smith M D.

Address, 2505 Penna. Ave.

Remarks,

8950004197

Wm. J. C. Dulany Co., City Printers and Stationers.

Physicians, midwives, or other persons in attendance upon births, shall ascertain the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 3 July 1895
4. *Place of Birth, (Street and Number)* 207 Richardson st city
5. *Full Name of Mother,* Sadia Goldstraw
6. *Mother's Maiden Name,* Sadia Allen
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Charles Goldstraw
9. *Father's Occupation,* Potterman
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, Cornelia Allen

Address, 1407 Richardson st city

Remarks,

8950004198

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 66562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (State whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 3d 95.
4. *Place of Birth, (Street and Number)*	1407 John St.
5. *Full Name of Mother,*	Minnie E Ludington
6. *Mother's Maiden Name,*	Armstrong
7. *Mother's Birthplace,*	Maryland.
8. *Full Name of Father,*	Geo E Ludington
9. *Father's Occupation,*	Fruit Packer.
10. *Father's Birthplace,*	Connecticut
Name of Medical Attendant, or other person who makes this Return.	Dr. W. P. Musgrave
Address,	318 W Monument St.
Remarks,	8950004199

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attendance upon the mother, immediately thereafter. It shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born July 4th 1895
4. *Place of Birth, (Street and Number)*	#108. Addison Alley
5. *Full Name of Mother,*	Mrs. Katie Wild
6. *Mother's Maiden Name,*	Miss " Eshback
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Gus. Wild
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hiller
Address,	#2008 Mc Henry St
Remarks,	

1 8 9 5 0 0 0 4 2 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 66564

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colo.

3. *Date of Birth* Dec. 6th 1895

4. *Place of Birth, (Street and Number)* 424 Hanover St.

5. *Full Name of Mother* Lydia Edna Henry

6. *Mother's Maiden Name* Lydia Edna Lawson

7. *Mother's Birthplace* Baltimore Maryland.

8. *Full Name of Father* Chas. Henry

9. *Father's Occupation* Engineer

10. *Father's Birthplace* Baltimore, Maryland.

Name of Medical Attendant, or other Person who makes this Return. Chas. Henry Lawson

Address No. 704 Hollins St.

Remarks Colored.

8950004201

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 4. 1895
4. *Place of Birth, (Street and Number)* Corner Boundary Ave & York Road
5. *Full Name of Mother,* Annie Stagmer Cole
6. *Mother's Maiden Name,* Annie Stagmer.
7. *Mother's Birthplace,* Greenstown Md
8. *Full Name of Father,* Wm H Cole
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Cora Belle Brewster M.D.

Address, 1027 Madison ave

Remarks,

0 7 5 0 0 0 4 2 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

...name can be ascertained the full name of each child, if any shall have ... and occupation of its parents, the date and place of birth; and the ... by the practitioner in the form of a certificate between the first and ... office of the Commissioner of Health. In case the birth of any child ... physician or practitioner of midwifery, or should no other person be in ... hereafter, it shall become the duty of the person or parents of such ... of Health, in the manner and within the period above required, and ... after fail to comply with the provisions of this section shall be sub- ... offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~(3)~~ Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 4th 1895
4. *Place of Birth, (Street and Number)* 528 N. Mount St
5. *Full Name of Mother,* Annie Virginia Hausman
6. *Mother's Maiden Name,* " " Armstrong
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* John C. Hausman
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, J. C. Hausman

Address, 621 N Carrollton Ave

Remarks,

A 895000 4203

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 66567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~third~~ Second
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July the 1
4. *Place of Birth, (Street and Number)*	Hampden corner Dec 1.684
5. *Full Name of Mother,*	Clara E Lowe
6. *Mother's Maiden Name,*	Clara Mohn
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	William F Lowe
9. *Father's Occupation,*	Railroader
10. *Father's Birthplace,*	Baltimore County Md
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Simpson
Address,	Hampden Baltimore City
Remarks,	8950004204

WM. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether 1st, 2d, 3d, &c.*~~)

1. *Sex,* (~~*state whether*~~ *male* ~~*or female*~~)
2. *Race or Color,* (~~*if not of the*~~ *white race*) f
3. *Date of Birth,* July 4th 95.
4. *Place of Birth,* (*Street and Number*) 240 Watkins Ave.
5. *Full Name of Mother,* Mary L Thompson.
6. *Mother's Maiden Name,* Mary L Henderson
7. *Mother's Birthplace,* Anne Arundel Co. Md
8. *Full Name of Father,* Harry C Thompson
9. *Father's Occupation* Conductor
10. *Father's Birthplace,* Howard Co. Md

Name of Medical Attendant, or other person who makes this Return, Wm J C Dulany M D

Address, 662 W Lexington St

Remarks,

8950004205

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 66569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* July 4 1895
4. *Place of Birth, (Street and Number)* 1629 E Oliver St
5. *Full Name of Mother,* Bertie Helen Smith
6. *Mother's Maiden Name,* " Christian
7. *Mother's Birthplace,* Urbanna Va
8. *Full Name of Father,* Henley Woodward Smith
9. *Father's Occupation,* Mfg Agent
10. *Father's Birthplace,* Gloucester, Va

Name of Medical Attendant, or other person who makes this Return. R G Davison M.D

Address, 1507 N Caroline St

Remarks,

8950004206

One on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its Parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained been conferred) its sex, color, the full name and occupation of it said schedule shall be delivered, duly signed by the practitioner i third day of each and every month to the office of the Commiss shall occur without the attendance of a physician or practioner attendance upon the mother, immediately thereafter it shall bec child to report its birth to the Commissioner of Health, in the ma any such person or persons who shall hereafter fail to comply wi jected to the fine of ten (10) dollars for each offence, to be recovere

RETURN OF A BIRTH. 66570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 5, 1895
4. *Place of Birth, (Street and Number)* 1029 Fremont Ave
5. *Full Name of Mother,* Elizabeth A. Wheatley
6. *Mother's Maiden Name,* Elizabeth A. Johnson
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Henry F. Wheatley
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return, Attilla Brooks

Address, 1132 Warren St.

Remarks, Doing well

The name of Child Viola Wheatley

Wm. J. C. Dulany Co., City Printers and Stationers.

births which have occurred under his or her care during the
month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 5th 1895.
4. *Place of Birth, (Street and Number)* No 508. Spring St.
5. *Full Name of Mother,* Virginia D Thomas
6. *Mother's Maiden Name,* Ballard
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Joseph H Thomas
9. *Father's Occupation,* Public Waiter
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs F Myers

Address, No 729. Bradley St. City

Remarks,

, 0 7 5 0 0 0 4 2 0 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 66572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 5 1895
4. *Place of Birth, (Street and Number)* 1023 Watson St.
5. *Full Name of Mother,* Grace Murray Gerhard
6. *Mother's Maiden Name,* Baltimore
7. *Mother's Birthplace,* Charles Murray
8. *Full Name of Father,* Car Conductor
9. *Father's Occupation* Baltimore
10. *Father's Birthplace,* Mary Stein

Name of Medical Attendant, or other person who makes this Return

Address, 1421 E. Pratt St.

Remarks,

, 8 9 5 0 0 0 4 2 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

OWW

RETURN OF A BIRTH. 66573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Isadore A. Stein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 6 1895
4. Place of Birth, (Street and Number) 920 E. Pratt St
5. Full Name of Mother, Dora (Stein) Stein
6. Mother's Maiden Name, Dora Shafsky
7. Mother's Birthplace, Russia
8. Full Name of Father, Israel (Stein) Stein
9. Father's Occupation Hatmaker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. N. Feldman

Address, 1018 E. Lombard St.

Remarks, Born at his home

8950004210

month, and shall set forth as far as the same can be ascertained the following particulars, viz: the name (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-24-57 66574

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) ~~William~~ William Walter Appel 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) W —
3. Date of Birth, July 5 1905
4. Place of Birth, (Street and Number) 1602 N. Regester St
5. Full Name of Mother, Ida Apfel
6. Mother's Maiden Name, Ida Berndh
7. Mother's Birthplace, Germany
8. Full Name of Father, Bernhardt Apfel
9. Father's Occupation Roofer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm J Watson

Address, 1519 N Broadway

Remarks,

· 8 9 5 0 0 0 4 2 1 1

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 5. 1895
4. *Place of Birth, (Street and Number)* 308 W. Madison St
5. *Full Name of Mother,* Mrs Noel
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Noel
9. *Father's Occupation,* Teacher of Languages
10. *Father's Birthplace,* France

Name of Medical Attendant, or other person who makes this Return, J. B. Brune M.D.

Address, 1218 Madison Ave

Remarks, Premature child about 7th month

8750004212

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* Sept th 5 1895
4. *Place of Birth, (Street and Number)* Howard st 993
5. *Full Name of Mother,* Martha Birbup
6. *Mother's Maiden Name,* Martha Rane
7. *Mother's Birthplace,* dorchester Cannty
8. *Full Name of Father,* samuel Birbup
9. *Father's Occupation* labour
10. *Father's Birthplace,* dorchester County

Name of Medical Attendant, or other person who makes this Return, rasrad Jane thomirm

Address, 124 west Hurey st

Remarks, full 9 months

8950004217

Wm. J. C. Dulany Co,. City Printers and Stationers.

Every midwife, or other person who shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	21
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	July 5. 95
4. *Place of Birth, (Street and Number)*	13 O'Donnell St East
5. *Full Name of Mother,*	Katie Sulkins
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	John Sulkins
9. *Father's Occupation*	~~a~~
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return,	Chas L Keen
Address,	414 S. Pine
Remarks,	

8750004214

Wm. J. C. Dulany Co., City Printers and Stationers.

66578

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

13

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 6 — 1895
4. *Place of Birth, (Street and Number)* #1102 Binney Street
5. *Full Name of Mother* Mary Foster
6. *Mother's Maiden Name* Mary Wistie
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel C Foster
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah P Harrington

Address, 924 Binney St

Remarks,

'8950004215

Wm. J. C. Dulany Co., City Printers and Stationers.

births which have
be ascertained the
month, and shall
been conferred) its
said schedule shall
third day of each
shall occur without
attendance upon
child to report
any such person
jected to the fine

RETURN OF A BIRTH. 66579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 6th 195
4. *Place of Birth, (Street and Number)* No. 627 N. Wolfe
5. *Full Name of Mother,* Katie Schmidt
6. *Mother's Maiden Name,* nee Davis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John W. Schmidt
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross

Address, No. 1907 E. Monument St.

Remarks,

8950004216

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 6/95
4. *Place of Birth, (Street and Number)*	2011 Wilbrook Ave.
5. *Full Name of Mother,*	Mrs Wm R Abbott
6. *Mother's Maiden Name,*	Minnie Shipley
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Wm R Abbott
9. *Father's Occupation*	Boiler maker
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	E A Smith M.D.
Address,	2505 Penna. Ave.
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

8950004217

RETURN OF A BIRTH. 66581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 6 th
4. *Place of Birth, (Street and Number)*	829 Barre st.
5. *Full Name of Mother,*	Lillie V. Neippen Schwartz
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Charles G. Neippen
9. *Father's Occupation*	Cloth Cutter
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	C. L. Buddenbahn
Address,	418 S. Paca st.
Remarks,	

BV5 0006218

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 66582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 5 th child

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* July 6 th 1895
4. *Place of Birth,* (*Street and Number*) 886 Ashland ave City
5. *Full Name of Mother,* Mary Ann Gibson
6. *Mother's Maiden Name,* Mary Ann Ellis
7. *Mother's Birthplace,* North Point
8. *Full Name of Father,* William Gibson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Md Md

Name of Medical Attendant, or other person who makes this Return. Chas Jno Tibbs

Address, 914 Clifton Place

Remarks,

, 8750004219

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 6658.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 6th 1895
4. *Place of Birth, (Street and Number)* 104 n. Fremont Ave. Balto Md.
5. *Full Name of Mother,* Mary A. Schafer
6. *Mother's Maiden Name,* Mary A. O'Brien
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Nicholas F. Schafer
9. *Father's Occupation* Policeman
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 22 N Poppleton St

Remarks,

8 9 5 0 0 0 4 2 2 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 6 1905
4. *Place of Birth, (Street and Number)* 139 N Front st Catto md
5. *Full Name of Mother,* Rosa Ella Vicari
6. *Mother's Maiden Name,* Rosa Ella Jackson
7. *Mother's Birthplace,* Catto md
8. *Full Name of Father,* Michal Vicari
9. *Father's Occupation* Fruit Merchant
10. *Father's Birthplace,* Milazzo Italy

Name of Medical Attendant, or other person who makes this Return, Barbara Patton

Address, 119 Lewis st

Remarks, doing well

, 8 9 5 0 0 0 4 2 2 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of each child, if any shall have been conferred, the sex, color, the full name and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or person in charge, to the office of the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon birth to the form of a certificate be in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall become the duty of the person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, ~~2*d*, 3*d*, &c.~~)

1. *Sex,* (~~*state whether male or female*~~)
2. ~~*Race or*~~ *Color,* (~~*if not of the white race*~~)
3. *Date of Birth,* July 6th 1895. Still Born
4. *Place of Birth,* (*Street and Number*) Baltimore Bruce St-N 724
5. *Full Name of Mother,* Florence Virginia Rock
6. *Mother's Maiden Name,* Same
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Jones
9. *Father's Occupation,* Sailor.
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. L C Clark Jr. M.D.

Address, 1723 W Lanvale St

Remarks,

8950004222

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66-5-86

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 6th 1895

4. Place of Birth, (Street and Number) 415 St Dunstan Street

5. Full Name of Mother, Ella Lee Smith

6. Mother's Maiden Name, Ella Lee Covington

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Chas Cook Smith

9. Father's Occupation Merchant

10. Father's Birthplace, Macon Georgia

Name of Medical Attendant, or other person who makes the Return Dr Prince A White for Dr Smith

Address, 819 Biddle Street

Remarks Jurisdiction Came from Jackson Georgia

Residence in Balto.

Residence in Baltimore

Wm. J. C. Dulany Co., City Printers and Stationers.

4223

RETURN OF A BIRTH. 66587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 6. 1895
4. *Place of Birth, (Street and Number)* 902 E Lombard St.
5. *Full Name of Mother,* Mary Wanner
6. *Mother's Maiden Name,* Swida
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jno Wanner
9. *Father's Occupation* Peddler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Wm J Fehrmann

Address, 1012 E Lombard St.

Remarks, 8950004224

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 7 th.
4. *Place of Birth, (Street and Number)* Durham St. 713
5. *Full Name of Mother,* Josephine Dugerva
6. *Mother's Maiden Name,* " Gerobitzki
7. *Mother's Birthplace,* Poland
8. *Full Name of Father* Paul Dugerva
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Wardzyan

Address, 612 S. Bond St.

Remarks,

8950001225

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 7th 1923
4. Place of Birth, (Street and Number) Holy Cross Hosp.
5. Full Name of Mother, Stanislawa Kwiatkowska
6. Mother's Maiden Name, " Kaminski
7. Mother's Birthplace, Poland
8. Full Name of Father, Bernard Kwiatkowska
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kwiatkowska

Address, 602 S. Bond St.

Remarks,

B 9 5 0 0 0 4 2 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

66590

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 7/95
4. *Place of Birth, (Street and Number)* 1023 Myrtle Ave
5. *Full Name of Mother,* Sophie Fossbender
6. *Mother's Maiden Name,* " Rebstock
7. *Mother's Birthplace,* Ohio
8. *Full Name of Father,* Wm Robt. Fossbender
9. *Father's Occupation,* Restaurateur
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. E. D. Ellis, M.D.

Address, 733 W Fayette st

Remarks,

8950004227

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

This schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	July 7 '95
4. *Place of Birth, (Street and Number)*	1601 N. Bond St
5. *Full Name of Mother,*	Margaret Elizabeth Erdman Carlos
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Jno. W. Erdman
9. *Father's Occupation*	Confectionery Store
10. *Father's Birthplace,*	Balto. Co
Name of Medical Attendant, or other person who makes this Return.	Wm J. Watson
Address,	1519 N. Broadway
Remarks,	

B 7500004228

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 8
4. *Place of Birth, (Street and Number)* 716 Eden alley
5. *Full Name of Mother,* Martha See
6. *Mother's Maiden Name,* Martha Goins
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* Adam See
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Jane Jane

Address, 644 Forrest st

Remarks,

8 9 5 U 0 0 4 2 2 9

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 8th 98.
4. *Place of Birth, (Street and Number)* 1107 Pennsylvania Ave.
5. *Full Name of Mother,* Maggie K. Kelly
6. *Mother's Maiden Name,* Maggie K. Buck
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John H. Kelly
9. *Father's Occupation* Balto City Fireman
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Ohle, M.D.

Address, 1203 W. Fayette St

Remarks,

8 9 5 0 0 0 4 2 3 0

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ertained the full name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 8 July 1895
4. *Place of Birth, (Street and Number)* 814 Fort Ave Baltimore City
5. *Full Name of Mother,* Annie Montgomery
6. *Mother's Maiden Name,* Annie Fogler
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William Montgomery
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Cornelia Allen

Address, 1407 Nicholson st City

Remarks, 8950004231

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Monday July 8th 1895.
4. *Place of Birth, (Street and Number)* Balto #1011 Chapel st.
5. *Full Name of Mother,* Mrs. Lottie Rollins.
6. *Mother's Maiden Name,* Miss Lottie Washington
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mr. Horace Rollins.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Virginia Spotsylvania Co

Name of Medical Attendant, or other person who makes this Return, Miss Adelaide Howard.

Address, #1013 Chapel Street

Remarks, x

1895000004232

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 8. 1895.
4. *Place of Birth, (Street and Number)*	1526. N. Durham St. City.
5. *Full Name of Mother,*	Emma Flechtner
6. *Mother's Maiden Name,*	Emma Lyncker
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	Adam John Feechtner
9. *Father's Occupation*	Confectioner
10. *Father's Birthplace,*	Bavaria. Germany.
Name of Medical Attendant, or other person who makes this Return,	Mary Elias
Address,	N. 1625 North Hopkins Ave
Remarks,	1896.

1895 000 12337

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 8 of July
4. *Place of Birth, (Street and Number)* Baltimore and No 10 Y & Mullinkin st
5. *Full Name of Mother,* Mary Maggie Selden
6. *Mother's Maiden Name,* Mary Maggie Ben Brisco
7. *Mother's Birthplace,* Newport Mary H Selden maryland
8. *Full Name of Father,* Carter John H selden
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Virginnia Northumberland Co

Name of Medical Attendant, or other person who makes this Return, Susan Hopper

Address, 123 Durham st

Remarks, Known remark

8 9 5 0 0 0 1 2 3 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, July 9th 1907

4. Place of Birth, (Street and Number) 618 N Caroline St

5. Full Name of Mother, Lizzie Schlepegrell

6. Mother's Maiden Name, Rappolet

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Schlepegrell

9. Father's Occupation Grocer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L Gross

Address, No 1907 E Monument St

Remarks, 6950004235

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* July 9

4. *Place of Birth, (Street and Number)* No. 8 1/2 Parrish alley

5. *Full Name of Mother,* Florence Leeton

6. *Mother's Maiden Name,* Florence Johnston

7. *Mother's Birthplace,* King William County

8. *Full Name of Father,* Robert Leeton

9. *Father's Occupation* Works on farm

10. *Father's Birthplace,* King William County

Name of Medical Attendant, or other person who makes this Return, Mrs. Fannie Lewis

Address, H. & 9 Parrish alley

Remarks,

0750004236

Wm. J. C. Dulany Co., City Printers and Stationers.

...nael the full name of each child, (if any shall have ...month, and shall set forth as far as the same can be ascertained the ...been conferred) its sex, color, the full name and occupation of its ... said schedule shall be delivered, duly signed by the practitioner in ... third day of each and every month to the office of the Commissioner ... shall occur without the attendance of a physician or practitioner of ... attendance upon the mother, immediately of Health, in the manner ... child to report its birth to the Commissioner of Midwifery, or should no other person or such ... any such person or persons who shall hereafter fail to comply with ... jected to the fine of ten (10) dollars for each offence, to be recovered ... covered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ---- Third

1. *Sex, (state whether male or female)* ---- Female
2. *Race or Color, (if not of the white race)* ---- Colored
3. *Date of Birth,* ---- Tuesday July 7th 95 1 A.M.
4. *Place of Birth, (Street and Number)* ---- 1120 N. Mulberry St
5. *Full Name of Mother,* ---- Alice Jones
6. *Mother's Maiden Name,* ---- Alice Holmes
7. *Mother's Birthplace,* ---- Fauquier Co. Virginia
8. *Full Name of Father,* ---- Joshua Jones
9. *Father's Occupation* ---- Hostler
10. *Father's Birthplace,* ---- Virginia

Name of Medical Attendant, or other person who makes this Return. ---- Lloyd Dade

Address, ----

Remarks, ---- 0 9 5 0 0 0 4 2 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 9th 1895
4. *Place of Birth, (Street and Number)* #15. S. Duncan Alley
5. *Full Name of Mother,* Celia McBride
6. *Mother's Maiden Name,* " King
7. *Mother's Birthplace,* Princess Anne
8. *Full Name of Father,* Washington McBride
9. *Father's Occupation,* Oyster Island.
10. *Father's Birthplace,* Eastern.

Name of Medical Attendant, or other person who makes this Return, Susan Hooper

Address, # 123. N. Durham St

Remarks,

8950004238

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 9th 1895
4. *Place of Birth, (Street and Number)* 1815 Eutaw Terrace
5. *Full Name of Mother,* Ida Grindell
6. *Mother's Maiden Name,* Ida Bowman
7. *Mother's Birthplace,* Cecil Co. Md.
8. *Full Name of Father,* Charles Grindell
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return Mary Mason 813 Eutaw St

Address,

Remarks,

8750004239

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. The undersigned shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1-

1. *Sex, (state whether male or female)* F.
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* July 10 - 95
4. *Place of Birth, (Street and Number)* 1420 E. Fayette
5. *Full Name of Mother,* Lillie Mair -
6. *Mother's Maiden Name,* Landy -
7. *Mother's Birthplace,* B. C.
8. *Full Name of Father,* Wm Mair
9. *Father's Occupation* Seaman
10. *Father's Birthplace,* B C

Name of Medical Attendant, or other person who makes this Return, Jno. Miller

Address, 1107 E Monument

Remarks, 8950004240

Wm. J. C. Dulany Co., City Printers and Stationers.

The Physician or Midwife shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child of its parents, the date and place between the first and third day of each and every month to the office or practioner of the Commissioner in the form of a certificate of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born July 10th 1895
4. *Place of Birth, (Street and Number)*	#308 Pulaski St
5. *Full Name of Mother,*	Mrs. Eva. Kratz
6. *Mother's Maiden Name,*	Miss " Kammer.
7. *Mother's Birthplace,*	Bayern, Germany
8. *Full Name of Father,*	John. Kratz
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Bayern Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hiller
Address,	#2008 Mc" Henry St
Remarks,	

8950004241

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 10th 1895
4. *Place of Birth, (Street and Number)* 1227 N. Central ave.
5. *Full Name of Mother,* Katie Frey
6. *Mother's Maiden Name,* " Young
7. *Mother's Birthplace,* Philadelphia Pa.
8. *Full Name of Father,* August M. Frey
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Pittsburg Pa

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby M.D.

Address, 1219 N. Carolina st.

Remarks,

8950004242

Wm. J. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the full name of each child, (if any shall have been couferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 10 1895
4. *Place of Birth, (Street and Number)* Mercy Hospital
5. *Full Name of Mother,* Cora Lopez Bland
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* " " "
8. *Full Name of Father,* " " "
9. *Father's Occupation* " " "
10. *Father's Birthplace,* " " "

Name of Medical Attendant, or other person who makes this Return, Susan E Baker

Address, 201 East Lt St Mercy Hospital

Remarks, A Ha

8950004243

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 10
4. *Place of Birth, (Street and Number)* 734 East Pratt St.
5. *Full Name of Mother,* Eloise M. Stanley
6. *Mother's Maiden Name,* Eloise M. Morgan
7. *Mother's Birthplace,* Charleston, South Carolina
8. *Full Name of Father,* Frank Stanley
9. *Father's Occupation* Coal Dealer
10. *Father's Birthplace,* Mathews County Virginia

Name of Medical Attendant, or other person who makes this Return. Mrs. Louisa Stafford

Address, 324 Chestnut St

Remarks,

B 9500044244

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

own

RETURN OF A BIRTH 66608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Henry Podgers Bourney

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (State whether male or female) male.
2. Race or color, (if not of the white race) white.
3. Date of Birth, July 10/95.
4. Place of Birth, (Street and Number) 1817 W. Franklin.
5. Full Name of Mother, Jennie H. Bourney.
6. Mother's Maiden Name, Foster.
7. Mother's Birthplace, Balto City.
8. Full Name of Father, Henry G Bourney.
9. Father's Occupation, Salesman.
10. Father's Birthplace, Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return. R. H. Goldsmith

Address, Harlem Ave & Calhoun

Remarks, 8950004245

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office or practitioner or other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person become the duty of the person or parents of such attendance upon the mother, immediately thereafter, it shall become the duty of the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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GIVEN NAME ADDED 1-15-52

RETURN OF A BIRTH. 66609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Margaret Louise Carolyn Frost

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5. Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, Born July 4th 1895

4. Place of Birth, (Street and Number) # 2112. Wilhelm St

5. Full Name of Mother, Mrs. Mary Frost

6. Mother's Maiden Name, Miss. " Bechler

7. Mother's Birthplace, Balto City

8. Full Name of Father, William. Frost

9. Father's Occupation Brewer

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Mrs. Hiller

Address, #2008. N. Henry St

Remarks,

' 8 9 5 0 0 0 4 2 4 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 66610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 11th 1895
4. *Place of Birth, (Street and Number)*	629 N. Dallas St
5. *Full Name of Mother,*	Martha A. Bush
6. *Mother's Maiden Name,*	Martha A. Pinkney
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Wm. P. Bush
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Annie Duncan
Address,	Wakeby Ct
Remarks,	

, 8950004247

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 66611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh (7)

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July the 11th 1895

4. *Place of Birth, (Street and Number)* 402 W. Lexington St.

5. *Full Name of Mother,* Elizabeth Jane Blakezlee

6. *Mother's Maiden Name,* "

7. *Mother's Birthplace,* Balto, Md.

8. *Full Name of Father,* Louis V. Jung

9. *Father's Occupation* Barber

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Susan Thornton

Address, 23 N. Pynchon Ln-St

Remarks,

8950004248

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* July 11th. '93-

4. *Place of Birth, (Street and Number)* 1207 Cairo St.

5. *Full Name of Mother,* Mary Brown

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Richmond Va.

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return Mrs. Elizabeth Stanley

Address, 530 Rogers Ave.

Remarks,

8 9 5 0 0 0 4 2 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Physician, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 66613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 c

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 12th 1895 4. a. m.
4. *Place of Birth, (Street and Number)* 127 w 13 Baltimore St
5. *Full Name of Mother,* Mary McNally
6. *Mother's Maiden Name,* Mary Nugent
7. *Mother's Birthplace,* Baltimore md.
8. *Full Name of Father,* John McNally
9. *Father's Occupation,* Book Keeper
10. *Father's Birthplace,* Baltimore md.

Name of Medical Attendant, or other person who makes this Return. A. M. Saxton M D

Address, 136 N Fulton Ave

Remarks,

1895 0004250

mouth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 66614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 12 / 95
4. *Place of Birth, (Street and Number)* 1345 N. Eutaw
5. *Full Name of Mother,* May. Daily
6. *Mother's Maiden Name,* May Trulib
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank B. Daily
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. W. Norris M.D

Address, 1501 Presstman

Remarks,

U 7 5 0 0 0 4 2 5 1

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 12th of July
4. *Place of Birth, (Street and Number)* 50 North & Milton Ave.
5. *Full Name of Mother,* Mary Tyler
6. *Mother's Maiden Name,* Hart & Orr
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. William Tyler
9. *Father's Occupation* Electrician
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Elias

Address, 620 Hopkins Ave.

Remarks, 1885

8450004252

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 12
4. *Place of Birth, (Street and Number)* 1115 Druid st
5. *Full Name of Mother,* Anne Jewett
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Charles Brown
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Thomas Sare

Address, 644 Fulton st

Remarks,

8950004253

Wm J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 6-17-49

RETURN OF A BIRTH. 66617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mildred ~~Laverne~~ Vorce

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 12/94 1895
4. Place of Birth, (Street and Number) 2226 Druid Hill ave
5. Full Name of Mother, Minnie Evelyn (Ethel) Vorce Vorce
6. Mother's Maiden Name, " " (Ethel) ~~Shields~~ Smith
7. Mother's Birthplace, Cleveland Ohio
8. Full Name of Father, Loren (Lorin) D Vorce (Pupin) Vorce
9. Father's Occupation, Electrician Chemist
10. Father's Birthplace, Cleveland Ohio

Name of Medical Attendant, or other person who makes this Return. Geo. W. Norris M D

Address, 1501 Pennsylvania

Remarks,

8950004254

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

occupation of its parents, the date and place of birth; and the
e practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
n or practioner of midwifery, or should no other person be in
fter it, shall become the duty of the person or parents of such
ealth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
e, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and
said schedule shall be delivered, duly signed by the
third day of each and every month to the office of the
shall occur without the attendance of a physician or
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health,
any such person or persons who shall hereafter fail to
jected to the fine of ten (10) dollars for each offence,

RETURN OF A BIRTH. 66618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born July 12th 1895
4. *Place of Birth, (Street and Number)*	# 606. Smallwood St
5. *Full Name of Mother,*	Mrs. Minnie, Brack
6. *Mother's Maiden Name,*	Miss. " Lemm.
7. *Mother's Birthplace,*	Hessen, Germany
8. *Full Name of Father,*	William, Brack
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Hessen Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hiller
Address,	#2008. Mc. Henry St
Remarks,	

, 8 9 5 0 0 0 4 2 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

66619

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born July 13th 1895
4. *Place of Birth, (Street and Number)*	# 9. Dover, St
5. *Full Name of Mother,*	Mrs. Katie. Dunkerly
6. *Mother's Maiden Name,*	Miss. " Smith
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	William. Dunkerly S
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Balto. City
Name of Medical Attendant, or other person who makes this Return,	Mrs Hillet
Address,	# 2008 Mc Henry St
Remarks,	

8 9 5 0 0 0 4 2 5 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Clarence W ~~Levin~~ Levy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d. child

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, July 13/95
4. *Place of Birth*, (Street and Number) 1838 Frankfort
5. *Full Name of Mother*, Elizabeth (Ella) Lowenstein
6. *Mother's Maiden Name*, " Crampfit (Crampton)
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, George W. Lowenstein
9. *Father's Occupation*, Carpenter
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. W. Harris M. D

Address, 1501 Presstman

Remarks,

0750004257

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 13th 1895
4. *Place of Birth, (Street and Number)* No. 1435
5. *Full Name of Mother,* Mary Hamish
6. *Mother's Maiden Name,* Hicks
7. *Mother's Birthplace,* Balto, Co.
8. *Full Name of Father,* Dennis Cornish
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary K. Jones.

Address, 1121 Saratoga St

Remarks,

8950004258

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner, he in case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 66628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 3 d 1895
4. *Place of Birth, (Street and Number)* No. 33 Hafer St
5. *Full Name of Mother,* Maggie Leak
6. *Mother's Maiden Name,* Maggie Hoffman
7. *Mother's Birthplace,* York, Pa.
8. *Full Name of Father,* Benjamen Leak
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Howard Co.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8950004259

This schedule, to be furnished by the Commissioner of Health, and shall enter the same on blank schedules of such form, and shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 13th 1895
4. Place of Birth, (Street and Number) 2035 McCulloh
5. Full Name of Mother, Jessie F. Hechinger
6. Mother's Maiden Name, Jessie F. Fleischmer
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Louis Mehlinger
9. Father's Occupation, Book-Keeper
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Joseph Blum M.D.

Address, 641 Johnson Av

Remarks,

, 8 9 5 U 0 0 4 2 6 0

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 66623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	White Race
3. *Date of Birth,*	Sunday July 14th 1895
4. *Place of Birth (Street and Number),*	#874 Greenmount-ave
5. *Full Name of Mother,*	Catharine Helen Garrigan
6. *Mother's Maiden Name,*	Catharine Helen
7. *Mother's Birthplace,*	Anbrandle County
8. *Full Name of Father,*	Edward John Garrigan
9. *Father's Occupation,*	Forman
10. *Father's Birthplace,*	Baltimore County
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary Tilb
Address,	914 Clifton Place
Remarks,	

8950004261

Baltimore Publishing Co., City Printers and Stationers.

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been con-
ferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule
shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of
each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without
the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the
mother, immediately thereafter it shall become the duty of the person or persons to report its birth to
the Commissioner of Health, in the manner and within the period above required, and any such person or persons
who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars
for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)* Male, was born 9 months 3 days
2. *Race or Color, (if not of the white race)* White Color
3. *Date of Birth,* July 5th 1895.
4. *Place of Birth, (Street and Number)* 25 Rogers Ave.
5. *Full Name of Mother,* Beckie Newman
6. *Mother's Maiden Name,* Beckie Ellar
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Hyman Newman
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return.

Address, Lena Handler,

Remarks, 1113 E. Prat Str

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Wm J C. Dulany Co., City Printers and Stationers.

...ment, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 25 1895
4. *Place of Birth, (Street and Number)* 625 E. Bond St.
5. *Full Name of Mother,* Bronna Adamowski
6. *Mother's Maiden Name,* Valenchinska
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Frank Adamowski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kubiak

Address, 622 E. Bond St.

Remarks,

6950004263

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 7-28-50

RETURN OF A BIRTH. 66626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

Name Frank Herman Karas

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 15 th July, 1895
4. Place of Birth, (Street and Number) 906 Castle st
5. Full Name of Mother, Anna Karas
6. Mother's Maiden Name, Anna Hrabota
7. Mother's Birthplace, Bohimen
8. Full Name of Father, Emanuel Karas
9. Father's Occupation Gröber
10. Father's Birthplace, Bohimen

Name of Medical Attendant, or other person who makes this Return, Luise Svätora

Address, 1010 Durham st

Remarks, Filing Date 1895

B 4 5 0 0 0 4 2 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, July 1 - 95
4. Place of Birth, (Street and Number) 917 Elm Place
5. Full Name of Mother, Kate Freeman
6. Mother's Maiden Name, " Hallock
7. Mother's Birthplace, Baltimor
8. Full Name of Father, Wm J. Freeman
9. Father's Occupation Porter in Wholesale dry goods Store
10. Father's Birthplace, Kent Co. Md.

Name of Medical Attendant, or other person who makes this Return, C. M. Cook M.D

Address, 1052 Myrtle ave.

Remarks,

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Wm. J. C. Dulany Co., City Printers and Stationers

...ber of each child, (if any shall have ... occupation of its parents, the date and place of birth; and the ... practitioner in the form of a certificate between the first and ... of the Commissioner of Health. In case the birth of any child ... or practitioner of midwifery, or should no other person be in ... after it shall become the duty of the person or parents of such ... alth, in the manner and within the period above required, and ... to comply with the provisions of this section shall be sub- ... e, to be recovered as other fines and forfeitures are recoverable.

...ded) its sex, color, the full name and occupation ... said schedule shall be delivered, duly signed by the ... third day of each and every month to the office of the ... shall occur without the attendance of a physician or ... attendance upon the mother, immediately thereafter it ... child to report its birth to the Commissioner of Health, ... any such person or persons who shall hereafter fail to com- ... jected to the fine of ten (10) dollars for each offence, to be

RETURN OF A BIRTH 66629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 4th 1895
4. *Place of Birth, (Street and Number)* # 1925 Bank st
5. *Full Name of Mother,* Annie Adams Kirby
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* James Adams
9. *Father's Occupation,* Ship Smith
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, W. H. Schwatka M D

Address, 2429 Fait' Av

Remarks,

8950004266

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 5 th 1895
4. *Place of Birth, (Street and Number)* 503 Bratford Street
5. *Full Name of Mother,* Mary A. Diesel
6. *Mother's Maiden Name,* Mary A. Beck
7. *Mother's Birthplace,* Maryland Beach
8. *Full Name of Father,* Joseph Diesel
9. *Father's Occupation,* Markee at the Gas house
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave Balto Md.

Remarks,

8950004267

Wm J C. Dulany Co., City Printers and Stationers.

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Mulatto

3. *Date of Birth,* July 3rd 1895.

4. *Place of Birth, (Street and Number)* #415 Pearl St.

5. *Full Name of Mother,* Esther Ruth Richardson

6. *Mother's Maiden Name,* Esther Ruth Reaster

7. *Mother's Birthplace,* Baltimore Co.

8. *Full Name of Father,* Ephram Washington Richardson

9. *Father's Occupation* Waiter

10. *Father's Birthplace,* Frederick, Md.

Name of Medical Attendant, or other person who makes this Return, Jas. E. Dat

Address, 612 Bolton St.

Remarks,

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 6 1895
4. *Place of Birth, (Street and Number)* 1316 N Carrollton Ave Balto
5. *Full Name of Mother,* Elizabeth Cunningham
6. *Mother's Maiden Name,* Elizabeth Ruggles
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Andrew Cunningham
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Jno. A. Colwell M.D.

Address, 1214 Harford Ave

Remarks, 8950004269

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the father of every child born in this State, and in case the father shall be dead, or absent from the State, then of the mother, and in case both parents shall be dead, then of the guardian of such child, and in case both parents shall be dead, and such child shall have no guardian, then of the person having charge of such child, to report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the full name of each child, (if any shall have been omitted,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the maiden name of the mother, in the form of a certificate between the first and second parts hereof, and in such manner as the Commissioner of Health shall direct. In case the birth of any child shall occur without the attendance of a physician or practitioner in the said schedule shall be delivered, duly signed by the practitioner

RETURN OF A BIRTH. 66633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 6th 1895
4. *Place of Birth, (Street and Number)* 931 Elm Place
5. *Full Name of Mother,* Julia C. Goss
6. *Mother's Maiden Name,* Julia B. Lewis
7. *Mother's Birthplace,* St Marys Co. Md
8. *Full Name of Father,* Joseph B. Goss
9. *Father's Occupation* Oyster Diver
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1124 Parkers

Remarks,

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Been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Saturday July 6th 1895
4. *Place of Birth, (Street and Number)* 1102 E. Fayette St
5. *Full Name of Mother,* Delia Theresa Cousins
6. *Mother's Maiden Name,* " " Malooly
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* J. Frank Cousins
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. Sarah E. Worden

Address, 1000 E. Hoffman St. Baltimore City

Remarks,

8950004271

Wm. J. C. Dulany Co,. City Printers and Stationers.

(Said certificate) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 6th 1895
4. *Place of Birth, (Street and Number)* 610 Bradford Street
5. *Full Name of Mother,* Dora Kramer
6. *Mother's Maiden Name,* Dora Redmers
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* William Kramer
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave Balto Md.

Remarks,

8950004272

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Myrtle etta Chalk

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 a

1. *Sex, (state whether male or female)* Twins female,
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 6 1895
4. *Place of Birth, (Street and Number)* 74 Brick Hill Mount Vernon
5. *Full Name of Mother,* Rosa V Chalk
6. *Mother's Maiden Name,* gill
7. *Mother's Birthplace,* Balt Co. Md
8. *Full Name of Father,* John H Chalk
9. *Father's Occupation* laberer
10. *Father's Birthplace,* Prince george Co. Md

Name of Medical Attendant, or other person who makes this Return, Mary a Martin

Address, 2304 Cedar avenue

Remarks, City

, 8 9 5 U 0 0 4 2 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered, able.

occupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
ter it shall become the duty of the person or parents of such
lth, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Date. July 7 1915
4. *Place of Birth, (Street and Number)* 211 W. Conway Street Balto.
5. *Full Name of Mother,* Lelo Russo
6. *Mother's Maiden Name,* Lelo Biase
7. *Mother's Birthplace,* Termini Imerese
8. *Full Name of Father,* Guiseppe Russo
9. *Father's Occupation* Keeps a stand of fruit
10. *Father's Birthplace,* Termini Imerese

Name of Medical Attendant, or other person who makes this Return. Dr. John Baker

Address, 4 E. York Street Baltimore Md.

Remarks,

8950004274

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 7' 95
4. *Place of Birth, (Street and Number)*	420 Linkus Place
5. *Full Name of Mother,*	Mrs. Anna M McCluskey
6. *Mother's Maiden Name,*	" " May
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Michael Mc Cluskey
9. *Father's Occupation*	Coachman
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	T C Watkinston
Address,	840 W. Fayette St
Remarks,	

8 9 5 0 0 0 4 2 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 of July 1895.
4. *Place of Birth, (Street and Number)* 2033. Orleans Ste
5. *Full Name of Mother,* Marie Neitzer
6. *Mother's Maiden Name,* Marie Wagenführ
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Heinrich Neitzer
9. *Father's Occupation,* Kann Factori
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Fa Hille

Address, 207 N. Castle Str

Remarks,

6 7 5 0 0 0 4 2 7 6

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

SAFETY FILM

RETURN OF A BIRTH. 66640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 8th 1895
4. *Place of Birth, (Street and Number)* 1617 Gough Street
5. *Full Name of Mother,* Rossie Lurzbelmann
6. *Mother's Maiden Name,* Rossie Goodrick
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Hermann Lurzbelmann
9. *Father's Occupation,* Cook
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave Balto Md

Remarks,

B 4 5 0 0 0 4 2 7 7

Wm. J. C. Dulany Co., City Printers and Stationers.

...said scheme shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-15-57

RETURN OF A BIRTH. 16664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Julia Latrobe ~~Matthews~~ th.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5. 3 living

1. Sex, (state whether male or female) ~~Male~~ Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 9 1895
4. Place of Birth, (Street and Number) 404 1st Hampden
5. Full Name of Mother, annie E. Matthews
6. Mother's Maiden Name, Sadford
7. Mother's Birthplace, Balt= City
8. Full Name of Father, William F. D. Matthews
9. Father's Occupation Conductor B.C.P.S.R.R.
10. Father's Birthplace, Balt= City

Name of Medical Attendant, or other person who makes this Return, Mary a Martin

Address, 2304 Cedar avenue B.C.

Remarks,

8950004278

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66642

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ild of Mother, (state whether 1st, 2d, 3d, &c.) Forte

tate whether male or female) Female

r Color, (if not of the white race) White

f Birth, July 9

of Birth, (Street and Number) Baltimore 808 N. Stricker st

ame of Mother, Mary Flynn

Mary Tigh

's Maiden Name,

's Birthplace, Baltimore

ame of Father, John Flynn

s Occupation, Stone Cutter

s Birthplace, Baltimore

f Medical Attendant, or other person who makes this Return. Mrs Ruth A Belhouse

No. 1814 Dover St

s,

1895 U 0004279

STATIONERS.

RETURN OF A BIRTH. 66643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 9 1895
4. *Place of Birth, (Street and Number)* 1 Perkins Lane near Pratt ave.
5. *Full Name of Mother,* Annie Pruett
6. *Mother's Maiden Name,* Annie Ziegler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Pruett
9. *Father's Occupation* Piano Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Guy R. Blundell M.D.

Address, 5 East Hoffman ave

Remarks,

, 8 9 5 0 0 0 4 2 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 16644

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 5 1895
4. *Place of Birth, (Street and Number)* 674 Columbia ave
5. *Full Name of Mother,* Jennette Henning
6. *Mother's Maiden Name,* " Baker
7. *Mother's Birthplace,* Balt md
8. *Full Name of Father,* Oscar Henning
9. *Father's Occupation,* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Chas. A. Bell M.D.

Address, 309 W. Hoffman St

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ANY & CO., CITY PRINTERS AND STATIONERS.

B 1 5 0 0 0 4 2 8 1

RETURN OF A BIRTH. 66645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* 9 July
4. *Place of Birth, (Street and Number)* 705 Shuter St
5. *Full Name of Mother,* Ida Jackson
6. *Mother's Maiden Name,* Ida Proctor
7. *Mother's Birthplace,* Fredrick City
8. *Full Name of Father,* Jack Sas
9. *Father's Occupation,* Baltimore City
10. *Father's Birthplace,* Labour

Name of Medical Attendant, or other person who makes this Return, Susan Morris

Address, 1808 N. Spring St

Remarks, Full Time all right

8950004282

WM. J. C. BULANY CO. CITY PRINTERS AND STATIONERS.

...s which have occurred under his or her care during the ...been conferred) its sex, color, the full name and occupation of ...said schedule shall be delivered, duly signed by the practitioner ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	9th July
4. *Place of Birth, (Street and Number)*	Garrett Ave N 1379
5. *Full Name of Mother,*	Sophia Bayer
6. *Mother's Maiden Name,*	" Michalak
7. *Mother's Birthplace,*	Germanye
8. *Full Name of Father,*	Franz Bayer
9. *Father's Occupation*	Steveston.
10. *Father's Birthplace,*	Germanye.
Name of Medical Attendant, or other person who makes this Return,	Lizzie Schaeffer
Address,	E Fort Ave N 1768
Remarks,	

8950004283

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 9th 1895
4. *Place of Birth, (Street and Number)* No 25 Alt Street Lane
5. *Full Name of Mother,* Elizabeth Fishknecht
6. *Mother's Maiden Name,* Elizabeth Affelter
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* ~~Jacob~~ Jacob Fishknecht
9. *Father's Occupation* Labourer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 5 0 0 0 4 2 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 6664

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

hild of Mother, (state whether 1st, 2d, 3d, &c.) 4th

state whether male or female) Male

or Color, (if not of the white race) white

of Birth, July 6th 1895

of Birth, (Street and Number) 257 Mount St.

Name of Mother, Martha E. Coulter

's Maiden Name, " " Travers

's Birthplace, Kent County Md.

Name of Father, Louis Coulter

's Occupation, Letter Carrier

's Birthplace, Charles County Md

of Medical Attendant, or other Person who makes this Return E. G. Ritchie M.D.
1327 W Fayette St

ss.

ks, Born prematurely 6½ mos gestation

45004235

RETURN OF A BIRTH. 66649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th. Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 5th 1895
4. *Place of Birth, (Street and Number)*	1019 N. Carrollton Ave.
5. *Full Name of Mother,*	Lucy E. Chapman.
6. *Mother's Maiden Name,*	Lucy Childress,
7. *Mother's Birthplace,*	Virginia.
8. *Full Name of Father,*	Wm. E. Chapman,
9. *Father's Occupation*	Stone Cutter
10. *Father's Birthplace,*	Mass.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton, M.D.
Address,	S.W. cor. Calvert & Preston Sts.
Remarks,	

8 9 5 0 0 0 4 2 8 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-2-56

RETURN OF A BIRTH 66650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frederick Louis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fourth
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 7th 1895
4. Place of Birth (Street and Number),	623 E. Fallsway
5. Full Name of Mother,	Christine Loeffler
6. Mother's Maiden Name,	Berger
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Conrad Loeffler
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Wm. Wolf
Address,	608 E. Fayette St
Remarks,	

8950004287

...ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 66651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first Child

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 10th day of July 1895

4. *Place of Birth, (Street and Number)* 780 Mc Henry St bet Scott & Calvert

5. *Full Name of Mother,* Lydia Inay Arnal

6. *Mother's Maiden Name,* Lydia Inay Gosnell

7. *Mother's Birthplace,* Ellicott City

8. *Full Name of Father,* George Frederick Arnal

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, A Dr Bischoff

Address, 829 Columbia Ave

Remarks,

' 8 9 5 0 0 0 4 2 0 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July 10 95
4.	*Place of Birth, (Street and Number)*	1137 Hollins St
5.	*Full Name of Mother,*	Maggie Leidner Schmidt
6.	*Mother's Maiden Name,*	Baltimore
7.	*Mother's Birthplace,*	John Chris Leidner
8.	*Full Name of Father,*	Barber
9.	*Father's Occupation,*	Baltimore
10.	*Father's Birthplace,*	Mrs Seebach
	Name of Medical Attendant, or other person who makes this Return,	
	Address,	742 W Pratt St
	Remarks,	735

8 X 5 0 0 0 4 2 8 9

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 66653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 10th 1895
4. *Place of Birth, (Street and Number)* 926 McDonough St
5. *Full Name of Mother,* Maria Ray
6. *Mother's Maiden Name,* Maria Mills
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Wedge Ray
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Park Ave

Remarks,

' 8950004290

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 10 1896
4. *Place of Birth, (Street and Number)* No. 301 Garrison ave Newstead
5. *Full Name of Mother,* Lilian Lee.
6. *Mother's Maiden Name,* Lilian Kinnear
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Richard Lee
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Eug. H. Colwell M.D.

Address, 1141 Harlem Ave

Remarks,

, 8 7 5 0 0 0 4 2 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (~~state whether male or~~ female)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* July 11, 1895
4. *Place of Birth, (Street and Number)* 102 E. 21st.
5. *Full Name of Mother,* .....
6. *Mother's Maiden Name,* Dawson
7. *Mother's Birthplace,* Patto.
8. *Full Name of Father,* J. Frank Turner
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Jas. M. Craighill

Address, 1730 N. Charles St.

Remarks, ...

B 7 5 0 0 0 4 2 9 2

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 11th 1895
4. *Place of Birth, (Street and Number)* 1011 Clifton Place
5. *Full Name of Mother,* Catharine Sabina Courtney
6. *Mother's Maiden Name,* Catharine Sabina Broderick
7. *Mother's Birthplace,* Baltimore City, Maryland
8. *Full Name of Father,* John Joseph Courtney
9. *Father's Occupation* Brass Molder
10. *Father's Birthplace,* Baltimore City, Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs. Wolden

Address, 1000 E. Hoffman St.

Remarks,

8750004203

Wm. J. C. Dulany Co., City Printers and Stationers.

...of its parents, the date and place of birth; and the ...ner in the form of a certificate between the first and ...missioner of Health. In case the birth of any child ...ner of midwifery, or should no other person be in ...ll become the duty of the person or parents of such ...e manner and within the period above required, and ...y with the provisions of this section shall be sub- ...overed as other fines and forfeitures are recoverable.

...sex, color, the full name and occupation of its ...practitioner in ...delivered, duly signed by the practitioner in ...to the office of the Commissioner of Health ...day of each and every month of a physician or practioner of ...shall occur without the attendance it shall become ...attendance upon the mother, immediately thereafter, in the manner ...child to report its birth to the Commissioner of Health, in the manner ...any such person or persons who shall hereafter fail to comply with ...jected to the fine of ten (10) dollars for each offence, to be recovered ...

RETURN OF A BIRTH. 66658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mother of 7 children

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7th of July
4. *Place of Birth, (Street and Number)* 137 Harrision st.
5. *Full Name of Mother,* Annie Silver
6. *Mother's Maiden Name,* " Cearlean.
7. *Mother's Birthplace,* Khiev Russiy.
8. *Full Name of Father;* Abrham Silver
9. *Father's Occupation* Pants maker.
10. *Father's Birthplace,* Khiev Russia

Name of Medical Attendant, or other person who makes this Return, Eva Kahn ~~233 Harrision st.~~

Address, 233 Harrision st.

Remarks, Mother and child are well.

8950004294

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10th July 1895
4. *Place of Birth, (Street and Number)* 948 N. Saratoga St.
5. *Full Name of Mother,* Barbara Helfrich
6. *Mother's Maiden Name,* " " Babel
7. *Mother's Birthplace,* Obershleichach Bavaria
8. *Full Name of Father,* Isidor Helfrich
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8950004295

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Mulatto
3. *Date of Birth,*	July 12th 1895
4. *Place of Birth, (Street and Number)*	652 Cider alley
5. *Full Name of Mother,*	Emma Virginia Jackson
6. *Mother's Maiden Name,*	Martin
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Elijah Bu Jackson
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	Emily Hughes
Address,	652 Cider alley
Remarks,	No Remarks

8 9 5 0 0 0 4 2 9 6

been con(ferred) its sex, color, the full name and occupation of its said schedule shall be delivered, duly signed by the practitioner third day of each and every month to the office of the Commissi shall occur without the attendance of a physician or practitione attendance upon the mother, immediately thereafter it shall bec child to report its birth to the Commissioner of Health, in the man any such person or persons who shall hereafter fail to comply w jected to the fine of ten (10) dollars for each offense, to be recover

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RETURN OF A BIRTH. 66661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 12 - 1895
4. *Place of Birth, (Street and Number)* 1052 Myrtle ave
5. *Full Name of Mother,* Madeline Bessie Cook Carey
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* New Jealand
8. *Full Name of Father,* Carlton M Cook
9. *Father's Occupation* Physician
10. *Father's Birthplace,* East Orwell Pa

Name of Medical Attendant, or other person who makes this Return, C M Cook M.D.

Address, 1052 Myrtle ave

Remarks,

B 7 5 0 0 0 4 2 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66662

GIVEN NAME ADDED 7-16-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Jennie Schmooklier

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Balto July 12/15
4. Place of Birth, (Street and Number) # 240 E. High Street Balto.
5. Full Name of Mother, Rachel Schmooklier
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Jasaie Schmooklier
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Sara Barker

Address, 11 E. York Street Baltimore Md.

Remarks,

0 7 5 0 0 0 4 2 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb 12 1895

4. *Place of Birth, (Street and Number)* 1102 N. Central ave

5. *Full Name of Mother,* Louisa McKenzie

6. *Mother's Maiden Name,* Louisa Schuckhardt

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* John L. McKenzie

9. *Father's Occupation* Hair Spinner

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Geo. R. Glenn M.D.

Address, 1102 Harford ave

Remarks,

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Wm. J. C. Dulany Co., City Printers and Stationers.

And occupation of its parents, the date and place of birth; and the full name, sex, color, the full name and occupation of each child, (if any shall have been born) of such mother, at the time of each birth. Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 13 — 1895
4. *Place of Birth, (Street and Number)* 1421 Park Ave
5. *Full Name of Mother,* Annie Hauser Sellman
6. *Mother's Maiden Name,* Annie Hopper Hauser.
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Sellman
9. *Father's Occupation* Merchant.
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, Wm. A. B. Sellman M.D.,

Address, 5 E. Biddle St.

Remarks, 8950004300

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 October 1895
4. *Place of Birth, (Street and Number)* 40 S Caroline St
5. *Full Name of Mother,* Mary Esther Schwab
6. *Mother's Maiden Name,* Mary Esther Otto
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Charles Frederick Schwab
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 E Fayette St

Remarks,

8950004301

Wm. J. C. Dulany Co., City Printers and Stationers.

said Collector its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-18-95

RETURN OF A BIRTH. 66666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Albert Raymond

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex, (state whether male or female)* male Child
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 13th 1895
4. *Place of Birth, (Street and Number)* Jefferson st n greater Lane City
5. *Full Name of Mother,* Josephine Ryan
6. *Mother's Maiden Name,* Josephine Bell
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Geo Ryan.
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Margret Hinkel

Address, No 53 Wolpert ave City

Remarks,

1895000043 02

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th Child

1. *Sex, (state whether male or female)* male Child
2. *Race or Color, (if not of the white race)* White Child
3. *Date of Birth,* July 13th 1895
4. *Place of Birth, (Street and Number)* No 9 Brady avnue
5. *Full Name of Mother,* Mann Eelson
6. *Mother's Maiden Name,* Mann Slagenan
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John Eelson
9. *Father's Occupation* Stone mason
10. *Father's Birthplace,* Baltimor city

Name of Medical Attendant, or other person who makes this Return, Margret Heinkel

Address, No 53 Walpert ave City

Remarks,

8950004303

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-17-56

RETURN OF A BIRTH. 66668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Helene Buckles

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 13th. 1895
4. Place of Birth, (Street and Number) 1735 E. Lanvale St
5. Full Name of Mother, Annie Keyser Buckles,
6. Mother's Maiden Name, Annie Keyser
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, George C. Buckles,
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton M.D.

Address, S.W. Cor. Calvert & Preston Sts.

Remarks,

8950004304

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	July 13, 1895
4.	*Place of Birth, (Street and Number)*	1106 Linden ave.
5.	*Full Name of Mother,*	Catherine Koch.
6.	*Mother's Maiden Name,*	" Dwyer.
7.	*Mother's Birthplace,*	Balto. city
8.	*Full Name of Father,*	Christian J. Koch.
9.	*Father's Occupation,*	Engineer.
10.	*Father's Birthplace,*	Penna.
	Name of Medical Attendant, or other person who makes this Return,	S. Edward Janney M.D.
	Address,	857 N. Eutaw St.
	Remarks,	

8950004305

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 66670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 13th. 1895
4. *Place of Birth, (Street and Number)* S. W. cor. Calvert & Preston Sts.
5. *Full Name of Mother,* Katharine B. Brinton
6. *Mother's Maiden Name,* Katharine Buck
7. *Mother's Birthplace,* Mississippi
8. *Full Name of Father,* Wilmer Brinton,
9. *Father's Occupation* Physician
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton M.D.

Address, S. W. cor. Calvert & Preston Sts,

Remarks,

0 9 5 0 0 0 4 3 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...ber of each child (if any shall have ... the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Each Contractor, his sex, color, the full name and occupation of its
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissi
shall occur without the attendance of a physician or practioner o
attendance upon the mother, immediately thereafter it shall beco
child to report its birth to the Commissioner of Health, in the man
any such person or persons who shall hereafter fail to comply wit
jected to the fine of ten (10) dollars for each offence, to be recover

RETURN OF A BIRTH. 66671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) three

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 13th 1895
4. *Place of Birth, (Street and Number)* 6604 Vine St
5. *Full Name of Mother,* Maggie Flanagan
6. *Mother's Maiden Name,* Maggie M. Boyd
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* John Flanagan
9. *Father's Occupation* Stevedore
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1124 Park Ave

Remarks, 8950004307

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 14th, 1895
4. Place of Birth, (Street and Number) Roland Park
5. Full Name of Mother, Alice Gertrude Young
6. Mother's Maiden Name, Eldred
7. Mother's Birthplace, Bowling Heights Ohio.
8. Full Name of Father, Walter Douglas Young
9. Father's Occupation Electrical Engineer.
10. Father's Birthplace, Owasco Township, New York.

Name of Medical Attendant, or other person who makes this Return, Walter Bolgiano M.D.

Address, 2020 N. Charles St.

Remarks,

0750004308

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third one

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 14th
4. *Place of Birth, (Street and Number)* Balto Md 1176 Bacon Street
5. *Full Name of Mother,* Elizabeth Smith
6. *Mother's Maiden Name,* McCullough
7. *Mother's Birthplace,* Hudson city NJ
8. *Full Name of Father,* Daniel Edward Smith
9. *Father's Occupation,* Assistant Engineer
10. *Father's Birthplace,* Pri Geo Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs L M Bischoff

Address, N. 829 Columbia Av

Remarks,

8 9 5 0 0 0 4 3 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 14th 1895
4. Place of Birth, (Street and Number) Baltimore City. # 1208. N. Spring St
5. Full Name of Mother, Sarah E. Tyce
6. Mother's Maiden Name, Sarah E. Thomas
7. Mother's Birthplace, Dorchester Co Md
8. Full Name of Father, Robert Tyce
9. Father's Occupation, Portor
10. Father's Birthplace, Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return, Susan Hooper

Address, # 123 Durham St

Remarks, No Remarks

6 9 5 0 0 0 4 3 1 0

Wm J C Dulany Co., City Printers and Stationers.

...ed by the practitioner, the date and place of birth; and the ...ffice of the Commissioner of Health. In case the birth of any child ...ysician or practitioner of midwifery, or should no other person be in ...thereafter it shall become the duty of the person or parents of such ...r of Health, in the manner and within the period above required, and ...after fail to comply with the provisions of this section shall be sub- ...offence, to be recovered as other fines and forfeitures are recoverable.

...shall be delivered, duly signed by the ... third day of each and every month to the office of ... shall occur without the attendance of a physician ... attendance upon the mother, immediately thereaf... child to report its birth to the Commissioner of He... any such person or persons who shall hereafter fa... jected to the fine of ten (10) dollars for each offence.

RETURN OF A BIRTH. 66675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1h

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5. 3. living

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 15 1895
4. Place of Birth, (Street and Number) 2841 Cedar avenue
5. Full Name of Mother, Emma Davis
6. Mother's Maiden Name, Miller
7. Mother's Birthplace, York County Pa
8. Full Name of Father, Benjamin Davis arrest
9. Father's Occupation Fireman
10. Father's Birthplace, Balt= Md

Name of Medical Attendant, or other person who makes this Return, Mary a Martin

Address, 2804 Cedar avenue Hampden

Remarks,

U 7500 0 0 4 3 1 1

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 66676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 15 1895
4. *Place of Birth, (Street and Number)*	1132 Harford Ave
5. *Full Name of Mother,*	Elizabeth Magdelen Mary Schlutter
6. *Mother's Maiden Name,*	" " " Eichhoff.
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Herman Schlutter
9. *Father's Occupation*	Shoe Manufacturer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Wm. A. B. Sellman, M.D.,
Address,	5 E. Biddle St.
Remarks,	

8950004312

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 15 1895
4. *Place of Birth, (Street and Number)* 5 west Barney st.
5. *Full Name of Mother,* Bobby Maber
6. *Mother's Maiden Name,* Baline
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Maber
9. *Father's Occupation* cigar maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwary

Address, 434 Fort ave

Remarks,

B 2500 2431 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th.
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	July 15, 1895
4.	*Place of Birth, (Street and Number)*	315 Argyle ave —
5.	*Full Name of Mother,*	Emma ~~James~~ A. Fossett
6.	*Mother's Maiden Name,*	Emma Gettier
7.	*Mother's Birthplace,*	Balto. City
8.	*Full Name of Father,*	James E. Fossett.
9.	*Father's Occupation,*	Merchant
10.	*Father's Birthplace,*	Balto. City.
	Name of Medical Attendant, or other person who makes this Return,	J. Edward Janney M.D.
	Address,	837 N. Eutaw St
	Remarks,	

B 7 5 0 0 0 4 3 1 4

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

said Commissioner his sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 66679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 15th 1855
4. *Place of Birth, (Street and Number)* 2201 Gough st
5. *Full Name of Mother,* Jennie Croucher
6. *Mother's Maiden Name,* " Grissmer
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Croucher
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, W. H. Schwatka M.D.

Address, 2425 Fait Av

Remarks,

6 7 5 0 0 0 4 3 1 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-23-57

RETURN OF A BIRTH. 66680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Jennie Dora Hollanski

1. Sex, (state whether male or female) 2 Child

2. Race or Color, (if not of the white race) Female

3. Date of Birth, White

4. Place of Birth, (Street and Number) July 15/95

5. Full Name of Mother, 92 E. York Street. Balto

6. Mother's Maiden Name, Sarah H. Hollanski

7. Mother's Birthplace, Russia

8. Full Name of Father, Harris H. Hollanski

9. Father's Occupation Peddler

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Barber

Address, 41 E. York Street Baltimore Md.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

0750004316

...shall be delivered, duly signed by the practitioner in the form of a certificate of the Commissioner of Health. In case the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 July
4. *Place of Birth, (Street and Number)* 1500 Fort ave
5. *Full Name of Mother,* Elizabeth Noon
6. *Mother's Maiden Name,* Elizebeth Cunningham
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Michael Noon
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Margaret Ettel

Address, 1619 Cuba St. Baltimore Md.

Remarks,

, 8950004317

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) 2 Girls
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 July
4. Place of Birth, (Street and Number) Thames str. 822
5. Full Name of Mother, Amelia Johnovsky
6. Mother's Maiden Name, Woznak
7. Mother's Birthplace, Austria
8. Full Name of Father, Valentin Johnovsky
9. Father's Occupation, Tailor
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, S. Bond St 838

Remarks,

8750043138

third day of each and every month to the office of the Registrar of Vital Statistics, the date and place of birth; and the shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 7th 1895

4. *Place of Birth, (Street and Number)* 1114 Hartford Ave

5. *Full Name of Mother,* Katie Bonhardin

6. *Mother's Maiden Name,* n n Hadlich

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Gustav Bonhardin

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Burns

Address,

Remarks,

8950043192

said schedule shall be delivered, duly signed by the practitioner in charge, to the Registrar of the district in which the birth occurred, within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 66684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female),*
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 7th July 1895
4. *Place of Birth (Street and Number),* 1017 N Calhoun St
5. *Full Name of Mother,* Caroline Eichart
6. *Mother's Maiden Name,* " Miller
7. *Mother's Birthplace,* Balto Co
8. *Full Name of Father,* Chas. F. Eichart
9. *Father's Occupation,* Candy Maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Geo W Copler

Address, Linden Ave & Wilson St

Remarks,

0 4 5 0 0 0 4 3 2 0

Baltimore Publishing Co., City Printers and Stationers

...parents, the date and place of birth; and the said schedule ... the form of a certificate between the first and third day of ... of Health. In case the birth of any child shall occur without ... the attendance of a physician or practitioner of midwifery, or ... mother, immediately thereafter it shall become the duty of the ... the Commissioner of Health, in the manner and within the per... who shall hereafter fail to comply with the provisions of this se... for each offence, to be recovered as other fines and forfeitures ... shall be delivered, duly signed by the practitioner in the ... each and every month to the office of the Commissioner of Heal... ... of the person or parents of such child to report its birth to ... the period above required, and any such person or persons ... of this section shall be subjected to the fine of ten (10) dollars ... eitures are recoverable.

RETURN OF A BIRTH. 66655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 July
4. Place of Birth, (Street and Number) Block Str. 1428
5. Full Name of Mother, Mary Laboj
6. Mother's Maiden Name, Kral
7. Mother's Birthplace, Pole
8. Full Name of Father, Jim Laboj
9. Father's Occupation, Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, S. Bond Str. 838

Remarks,

1 8 7 5 0 0 0 4 3 2 1

Wm J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* M
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 13, 95
4. *Place of Birth, (Street and Number)* 549 W Fayette St
5. *Full Name of Mother,* Gertrude Rae
6. *Mother's Maiden Name,* " Woolford
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* A. K. Rae
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, J. M. Hundley

Address, 1002 Eutaw Place

Remarks,

18950004322

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 5th 1895
4. *Place of Birth, (Street and Number)* 6 Clinton & Mary Street
5. *Full Name of Mother,* Virginia Lawson
6. *Mother's Maiden Name,* Williams
7. *Mother's Birthplace,* Warren Co Virginia
8. *Full Name of Father,* Albert Lawson
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Annie E Knowles

Address, 203 Orleans Street

Remarks,

0 0 5 0 0 0 4 3 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

...ccupation of its parents, the date and place of birth; and the ...e practitioner in the form of a certificate between the first and ...of the Commissioner of Health. In case the birth of any child ...or practioner of midwifery, or should no other person be in ...ter it shall become the duty of the person or parents of such ...alth, in the manner and within the period above required, and ... to comply with the provisions of this section shall be sub- ..., to be recovered as other fines and forfeitures are recoverable.

...sex, color, the full name and occupation of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Orw

RETURN OF A BIRTH. 66688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Name: Edna E ~~Zaborenat~~ 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 16
4. Place of Birth, (Street and Number) 1130 N. Saratoga St.
5. Full Name of Mother, Liana Zaborenat
6. Mother's Maiden Name, Guthrie
7. Mother's Birthplace, Balti
8. Full Name of Father, William Zaborenat
9. Father's Occupation Coal Dealer
10. Father's Birthplace, Balti

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 8950001321

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 16 05
4. *Place of Birth, (Street and Number)* 2108 Kenmore Av
5. *Full Name of Mother,* Mollie Hunter
6. *Mother's Maiden Name,* Mollie Tuttle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm P Hunter
9. *Father's Occupation* Book-keeper
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other person who makes this Return. Mrs Hunter

Address, 2308 Kenmore Ave

Remarks,

8 9 5 0 0 0 4 3 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 16 1895
4. *Place of Birth, (Street and Number)* 215 Harris Pl.
5. *Full Name of Mother,* Mary Lackey
6. *Mother's Maiden Name,* Mess
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Lackey
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah P Harrington

Address, 924 Bunney.

Remarks,

1895000432 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commis... shall occur without the attendance of a physician or practioner ... attendance upon the mother, immediately thereafter it shall bec... child to report its birth to the Commissioner of Health, in the ma... any such person or persons who shall hereafter fail to comply wi... jected to the fine of ten (10) dollars for each offence, to be recover...

RETURN OF A BIRTH. 66691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Femal
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* 16 July
4. *Place of Birth, (Street and Number)* 1820 N Spring St
5. *Full Name of Mother,* Martha Gaither
6. *Mother's Maiden Name,* Martha Gaither
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Dyson Byers
9. *Father's Occupation,* laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Susan Wright

Address, 1808 N Spring St

Remarks, This Child Born Seven month it is before time it lives about 2 hours 27

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ascertained the full name of each child, (if any shall have occurred under his or her care during the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 17. 95

4. Place of Birth, (Street and Number) 1922 Ashland ave

5. Full Name of Mother, Etha May Brady

6. Mother's Maiden Name, " " Fosler

7. Mother's Birthplace, Balt.o City

8. Full Name of Father, George F. A. Brady

9. Father's Occupation, Laborer

10. Father's Birthplace, Balt.o City

Name of Medical Attendant, or other person who makes this Return, Jno. A. Pickel. M. D

Address, 1312 Ashland ave.

Remarks,

8 9 5 0 0 0 4 3 2 8

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 17th 1895
4. Place of Birth, (Street and Number) 1862 Aisquith St.
5. Full Name of Mother, Lizzie Creaffle
6. Mother's Maiden Name, Lizzie Baker
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Fred. Creaffle.
9. Father's Occupation, Salesman.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, E. R. Shoemaker M.D.

Address, 1800 Aisquith St.

Remarks,

8950004329

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 17 1895
4. *Place of Birth, (Street and Number)* 1613 Saratoga St
5. *Full Name of Mother,* Florida Pettigrew
6. *Mother's Maiden Name,* Florida Williams
7. *Mother's Birthplace,* York town
8. *Full Name of Father,* H S Pettigrew
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Lexington Va

Name of Medical Attendant, or other person who makes this Return, Scharlotte Williams

Address, 910 Leadenhall St

Remarks, Baltimore

8 9 5 0 0 0 4 3 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Qui

RETURN OF A BIRTH. 66695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Jesse Jankowski

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 July
4. Place of Birth, (Street and Number) S. Bond Str. 506
5. Full Name of Mother, Bronislawa (Bronislawa) Jankowsky Jankowski
6. Mother's Maiden Name, (Grutzenska) Kruszenska
7. Mother's Birthplace, Pole
8. Full Name of Father, Stanislaus (Jim) (Jankowsky) Jankowski
9. Father's Occupation, Tailor
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, S. Bond str. 538

Remarks, B 7 5 0 0 0 4 3 3 1

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co , City Printers and Stationers.

RETURN OF A BIRTH. 66696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 July
4. *Place of Birth, (Street and Number)* Thames str. 1628
5. *Full Name of Mother,* Mary Koulčinsky
6. *Mother's Maiden Name,* Gjtašak
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Majk Koulčinsky
9. *Father's Occupation,* Work-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, S. Bond str. 838

Remarks,

8750004332

Wm J. C. Dulany Co., City Printers and Stationers.

...ion of its parents, the date and ... of birth; and the ... shall have ... practitioner in the form of a certificate between the first and ... the Commissioner of Health. In case the birth of any child ... or practitioner of midwifery, or should no other person be in ... fer it shall become the duty of the person or parents of such ... alth; in the manner and within the period above required, and ... ail to comply with the provisions of this section shall be sub- ... to be recovered as other fines and forfeitures are recoverable.

... shall be delivered, duly signed by the ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colord
3. *Date of Birth,* July 17th
4. *Place of Birth, (Street and Number)* 919 W Preston st
5. *Full Name of Mother,* Alice E Briscoe
6. *Mother's Maiden Name,* — — — Johnson
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Joseph H. Briscoe
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* St Marys county

Name of Medical Attendant, or other person who makes this Return, Mrs. M. J. Foesett

Address, 563 Dolphin st

Remarks,

8950004333

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 66699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Annie C Eisman 10 Children

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* ~~Colored~~ White
3. *Date of Birth,* 18 July 1895
4. *Place of Birth, (Street and Number)* Bir 521 Walnut Street
5. *Full Name of Mother,* Annie C. Eisman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George S. Gamble
9. *Father's Occupation* School Janito
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Ann Mason

Address, 537 Walnut Street

Remarks,

8950004334

Wm. J. C. Dulany Co., City Printers and Stationers.

...can be ascertained the full name of each child, (if any shall have ...d occupation of its parents, the date and place of birth; and the ...y the practitioner in the form of a certificate between the first and ...shall occur without the attendance of a physician or ...attendance upon the mother, immediately thereafter ...child to report its birth to the Commissioner of Health. In case the birth of any child ...hereafter it shall become the duty of the person or parents of such ...f Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...fence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 6

1. *Sex*, (*state whether male or female*) Male.
2. *Race or Color*, (*if not of the white race*) White.
3. *Date of Birth*, July 18th 1895.
4. *Place of Birth*, (*Street and Number*) 801 S. Bethel St.
5. *Full Name of Mother*, Catherine Suess.
6. *Mother's Maiden Name*, Catherine Sayer.
7. *Mother's Birthplace*, Baltimore City.
8. *Full Name of Father*, John George Suess.
9. *Father's Occupation*, Stevedore
10. *Father's Birthplace*, Baltimore City.

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Lenz, Midwife

Address, 1539 Aliceanna St. near Bond St City.

Remarks,

8 7 5 0 0 0 4 3 3 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...ascertained the full name of each child (if any shall have ...cupation of its parents, the date and place of birth; and the ...e practitioner in the form of a certificate between the first and ...f the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or pra... ...or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it sh... ...ter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in ...lth, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to co... ...ail to comply with the provisions of this section shall be sub... ...jected to the fine of ten (10) dollars for each offense, to be r... ...to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 66701

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	July 18th 1895
4. *Place of Birth, (Street and Number)*	No 136 Weber Street
5. *Full Name of Mother*	Anna, S. Zinkand.
6. *Mother's Maiden Name*	Anna, S. Wolf.
7. *Mother's Birthplace*	Baltimore City, Maryland
8. *Full Name of Father*	Michael Zinkand,
9. *Father's Occupation*	Cigar Manufacturer
10. *Father's Birthplace*	Baltimore, City, Maryland.
Name of Medical Attendant, or other Person who makes this Return.	Jno Conway
Address	
Remarks	

8 7 5 0 0 4 3 7

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* July 17th 1895
4. *Place of Birth, (Street and Number)* 315 Washington Street
5. *Full Name of Mother,* Ella Ball
6. *Mother's Maiden Name,* Ella Whiteford
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George Ball
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Hannah Brooks

Address, 183 Orleans Street

Remarks,

0 4 5 0 0 0 4 3 3 7

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 66703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 18/95
4. *Place of Birth, (Street and Number)* 2017 E. Chase st
5. *Full Name of Mother,* Mary Ellen Sitzinger
6. *Mother's Maiden Name,* Mary Ellen Clemmens
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* John M. Sitzinger
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other person who makes this Return, E. Michaux M.D.

Address, 411 S. Sharp st

Remarks,

8950004338

Wm. J. C. Dulany Co., City Printers and Stationers.

...of its parents, the date and place of birth; and the ...oner in the form of a certificate between the first and ...missioner of Health. In case the birth of any child ...ioner of midwifery, or should no other person be in ...all become the duty of the person or parents of such ...he manner and within the period above required, and ...ply with the provisions of this section shall be sub- ...covered as other fines and forfeitures are recoverable.

...shall be delivered, duly signed by the practitioner in ...third day of each and every month to the office of the Commissi... ...shall occur without the attendance of a physician or practioner o... ...attendance upon the mother, immediately thereafter it shall beco... ...child to report its birth to the Commissioner of Health, in the man... ...any such person or persons who shall hereafter fail to comply wit... ...jected to the fine of ten (10) dollars for each offence, to be recovered...

RETURN OF A BIRTH. 66704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* white female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 18 July 1895
4. *Place of Birth, (Street and Number)* 1530 Hanover st
5. *Full Name of Mother,* Louisa Kuckuck
6. *Mother's Maiden Name,* Treasey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Kuckuck
9. *Father's Occupation* Bucher
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave.

Remarks,

8 X 5 U 0 4 3 8 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitio... occupation of its parents, the date and place of birth; and the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 66795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex,* (state whether male or female) Female

2. *Race or Color,* (if not of the white race) Colord

3. *Date of Birth,* July 18

4. *Place of Birth,* (Street and Number) 1726 Mccubbin st

5. *Full Name of Mother,* Mary Brown

6. *Mother's Maiden Name,* Mary Hall

7. *Mother's Birthplace,* Anasand County

8. *Full Name of Father,* Bengamin Brown

9. *Father's Occupation,* Labar

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Francis Anderson

Address, 225 Mcdery Alley

Remarks,

8750043340

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 66706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seven th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Caucasian
3. *Date of Birth,*	July 18th 95
4. *Place of Birth, (Street and Number)*	718 S. Chaulst
5. *Full Name of Mother,*	Rosa Fader
6. *Mother's Maiden Name,*	Rosa Eppel
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Moses Fader
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Wm Rubinstein M.D
Address,	105 W. Barrett
Remarks,	7 months child.

8950001341

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 July
4. *Place of Birth, (Street and Number)* S. Bond str. 707
5. *Full Name of Mother,* Josefa Koule
6. *Mother's Maiden Name,* Bublik
7. *Mother's Birthplace,* Böhmen
8. *Full Name of Father,* Mich. Koule
9. *Father's Occupation,* Work-man
10. *Father's Birthplace,* Böhmen

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, S. Bond str. 838

Remarks,

8750043 42

Wm J C. Dulany Co., City Printers and Stationers.

ed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66708

GIVEN NAME ADDED 11-16-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marshall Harvey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 1895
4. *Place of Birth, (Street and Number)* Baltimore 1917 Woodyear
5. *Full Name of Mother,* Priscilla Harvey
6. *Mother's Maiden Name,* Priscilla Johnson
7. *Mother's Birthplace,* Somerset Co Md
8. *Full Name of Father,* James W Harvey
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Somerset Co Md

Name of Medical Attendant, or other person who makes this Return, Jane Warren

Address, 1424 Bruce St

Remarks,

8735000434 3

Wm. J. C. Dulany Co., City Printers and Stationers

Every physician or midwife in attendance upon a birth shall ascertain and record its sex, color, the full name and occupation of each parent, and the full name of each child, if any shall have been christened; and shall also ascertain the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66709

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 19th 1895
4. *Place of Birth (Street and Number)* 146 E. Hughes St.
5. *Full Name of Mother* Helen M. Hauf,
6. *Mother's Maiden Name* " " Bowen,
7. *Mother's Birthplace* Baltimore, Md
8. *Full Name of Father* Geo. A. Hauf,
9. *Father's Occupation* Policeman
10. *Father's Birthplace* Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return. Thomas Lacy, M.D.

Address 312 N. Bond St.

Remarks

8950004344

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

City of Baltimore, shall report to the registrar aforesaid, of any child, within the City of Baltimore, assist or

RETURN OF A BIRTH. 66710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 19th 1895
4. Place of Birth, (Street and Number) 1927 East Pratt Street
5. Full Name of Mother, Elizabeth Ann Farrell
6. Mother's Maiden Name, Clark
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward P. Farrell
9. Father's Occupation, Brass Founder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, James C. McShane M.D.

Address, 2 S. Pattenson Park Ave.

Remarks,

8 7 5 0 0 0 4 3 4 5

...ration of its parents, the date and place of birth; and the ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2d

1. *Sex,* (*state whether male or female*) Female.
2. *Race or Color,* (*if not of the white race*) White.
3. *Date of Birth,* July 19th 1895.
4. *Place of Birth,* (*Street and Number*) 1752. Bank. St.
5. *Full Name of Mother,* Mary Kopp.
6. *Mother's Maiden Name,* Mary Newschaeffer.
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* John Kopp.
9. *Father's Occupation,* Baker.
10. *Father's Birthplace,* Baltimore City.

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Lenz Midwife

Address, 1539. Alice Anna Street near Bond St.

Remarks,

8 7 5 0 0 4 3 4 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th "

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 9th 95
4. *Place of Birth, (Street and Number)* 1809 E. Chases st
5. *Full Name of Mother,* Georgeanna Ruby
6. *Mother's Maiden Name,* Georgeanna Tracey
7. *Mother's Birthplace,* Balto Co Md
8. *Full Name of Father,* Charles W. Ruby
9. *Father's Occupation* R. R. Conductor
10. *Father's Birthplace,* Canal Co Md

Name of Medical Attendant, or other person who makes this Return, E. Sullivan M.D.

Address, 1318 Light st

Remarks, Under Return Dr. L Stuntebeck.

8 9 5 0 0 0 4 3 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

...on of its parents, the date and place of birth; and the ...tioner in the form of a certificate between the first and ...commissioner of Health. In case the birth of any child ...tioner of midwifery, or should no other person be in ...shall become the duty of the person or parents of such ...the manner and within the period above required, and ...ply with the provisions of this section shall be sub- ...ecovered as other fines and forfeitures are recoverable.

...shall be delivered, duly signed by the practitioner in ...third day of each and every month to the office of the Commis- ...shall occur without the attendance of a physician or practitioner ...attendance upon the mother, immediately thereafter it shall bec... ...child to report its birth to the Commissioner of Health, in the ma... ...any such person or persons who shall hereafter fail to comply wi... ...jected to the fine of ten (10) dollars for each offence, to be recover...

said schedule shall be delivered, duly signed by the practitioner in the presence of the mother, or other person who shall be present at the birth, to the office of the Commissioner of Health, within the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 66713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 19
4. *Place of Birth, (Street and Number)* 513 N Fulton Av
5. *Full Name of Mother,* Mary E Cranwell Brady
6. *Mother's Maiden Name,* Mary E Cranwell
7. *Mother's Birthplace,* Hagerstown
8. *Full Name of Father,* Ernest E. Brady
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Hagerstown Md

Name of Medical Attendant, or other person who makes this Return, Robert K Kneas

Address, 220 N Gilmor St

Remarks,

8950004340

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 66714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 July
4. Place of Birth, (Street and Number) Roman str. 402
5. Full Name of Mother, Anny Schnajder
6. Mother's Maiden Name, Falderzander
7. Mother's Birthplace, Tyrol
8. Full Name of Father, John Schnajder
9. Father's Occupation, Work-man
10. Father's Birthplace, Tyrol

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, S Bond Str. 838

Remarks,

B45 0 0 0 3 4 9

Wm J C. Dulany Co., City Printers and Stationers.

...of its parents, the date and place of birth: and the ...shall have ...oner in the form of a certificate between the first and ...missioner of Health. In case the birth of any child ...itioner of midwifery, or should no other person be in ...shall become the duty of the person or parents of such ...the manner and within the period above required, and ...omply with the provisions of this section shall be sub- ...ecovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) Female

1. *Sex, (state whether male or female)* Five Children
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Twenty of July
4. *Place of Birth, (Street and Number)* 605 Gilbert street
5. *Full Name of Mother,* Lizzy Benson
6. *Mother's Maiden Name,* Lizzy Brown
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John H. Benson
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Eastershore

Name of Medical Attendant, or other person who makes this Return. Frannie Myers

Address, 722 Bradly St

Remarks,

8 9 5 0 0 0 3 5 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the third day of each and every month to the office of the Commissioner of shall occur without the attendance of a physician or practitioner of attendance upon the mother, immediately thereafter it shall become child to report its birth to the Commissioner of Health, in the manner any such person or persons who shall hereafter fail to comply with the jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c) .....

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Twenty First July
4. *Place of Birth,* (*Street and Number*) #1038. Hopkins Ave. W
5. *Full Name of Mother,* Carrie Isabel Elaugh
6. *Mother's Maiden Name,* Carrie Isabel
7. *Mother's Birthplace,* York. Penna
8. *Full Name of Father,* Henry William Elaugh
9. *Father's Occupation.* Janitor
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Annie Myers

Address, Bradley near Argyle Avenue

Remarks, ...

0 0 7 5 0 0 0 4 3 5 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 16717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* colored
3. *Date of Birth,* July the 20th
4. *Place of Birth, (Street and Number)* Lindenvenne 8 41
5. *Full Name of Mother,* Josephine Edwards
6. *Mother's Maiden Name,* Josephine D Duff
7. *Mother's Birthplace,* Baltimore M d
8. *Full Name of Father,* Thomas Edwards
9. *Father's Occupation,* Drayman
10. *Father's Birthplace,* Westminister M D

Name of Medical Attendant, or other person who makes this Return. mm E Bias

Address, Biddle & 5th

Remarks,

8950004352.

be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 6671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 20th 1895

4. *Place of Birth, (Street and Number)* Baltimore Md 411 S Carrie St

5. *Full Name of Mother,* Mary E Kane

6. *Mother's Maiden Name,* [illegible]

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* [illegible] Corner

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Kate Kane Same

Address, 411 S Carrie St Baltimore Md

Remarks, Mother and child doing well

8750004353

Wm. J. C. Dulany Co., City Printers and Stationers

...ascertained the full name of each child, (if any shall have ... and occupation of its parents, the date and place of birth, and the ... by the practitioner in the form of a certificate between the first and ... office of the Commissioner of Health. In case the birth of any child ... physician or practioner of midwifery, or should no other person be in ... hereafter it shall become the duty of the person or parents of such ... of Health, in the manner and within the period above required, and ... fail to comply with the provisions of this section shall be sub- ... offence, to be recovered as other fines and forfeitures are recoverable.

... its sex, color, the full name and ... said schedule shall be delivered, duly signed by the ... third day of each and every month to the office ... shall occur without the attendance of a physician ... attendance upon the mother, immediately thereafter ... child to report its birth to the Commissioner of Health ... any such person or persons who shall hereafter fail ... jected to the fine of ten (10) dollars for each offence,

RETURN OF A BIRTH. 66719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 20 1895
4. *Place of Birth, (Street and Number)*	2254 Druid Hill av
5. *Full Name of Mother,*	Alice Shelly
6. *Mother's Maiden Name,*	" Armiger
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Harry Shelly
9. *Father's Occupation,*	Merchant.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo. H. Norris M. D
Address,	1501 Presstman
Remarks,	

Every birth shall be delivered, duly signed by the practitioner in attendance upon the mother, or by the person having charge of the premises, to the office of the Commissioner of Health within ten days after the occurrence thereof; and if any shall have occurred without the attendance of a physician or practitioner of midwifery, then by the father or mother of the child, or the occupant of the house in which the birth occurred, or the undertaker employed by the family thereafter, within ten days after the burial of the child, to report the same to the Commissioner of Health. In case the birth of any child shall thereafter occur without the attendance of a physician or practitioner of midwifery, and the parents or occupant of the house in which the birth occurred, or the undertaker employed by the family thereafter fail to report its birth to the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

8 9 5 0 0 0 4 3 5 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 66720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 20th. 3.30 oclk. A.M.
4. *Place of Birth, (Street and Number)* Towson, Balto. co) City Residence
5. *Full Name of Mother,* Annie McEvoy / 721 Harlem Ave
6. *Mother's Maiden Name,* Annie Gallagher
7. *Mother's Birthplace,* Phila. Pa.
8. *Full Name of Father,* J. P McEvoy
9. *Father's Occupation,* Merchant.
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. A. H. Sarton M.D.

Address, 1136 W Lexington

Remarks, (Instrumental delivery)

8 7 5 0 0 0 4 3 5 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 66921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 20
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address, 412

Remarks,

0750004356

Wm. J. C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, (if any shall have ...sex, color, the full name and occupation of its parents, the date and place of birth, and the ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH. 66722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female - Violet Arthur

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 20th - 93

4. Place of Birth, (Street and Number) #1635 E. Madison St

5. Full Name of Mother, ~~Maggie Arthur~~ Maggie Arthur

6. Mother's Maiden Name, Steingle

7. Mother's Birthplace, Harford Cty Md

8. Full Name of Father, ~~Edwin Arthur~~ Edwin Arthur

9. Father's Occupation Cabinet Maker

10. Father's Birthplace, Harford Cty Md

Name of Medical Attendant, or other person who makes this Return, P. A. Daniels M.D.

Address, 1243 N. Broadway

Remarks, Bells Md

Correct spelling of surname, taken from insurance policy of Maggie E. Arthur, issued by the Metropolitan Life Insurance Co. Policy No. 12 688 4478

Policy No. 7 500 004 355 held at this Office

Sept. 16-1938.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 66723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 20th 1895
4. *Place of Birth, (Street and Number)* 1108 Argyle Ave
5. *Full Name of Mother,* Annie E. Crater
6. *Mother's Maiden Name,* Carlisle
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* J. Edwin Crater
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* N. J.

Name of Medical Attendant, or other person who makes this Return. P. D. Schwatka M. D.

Address, 1003 E. Lanvale

Remarks,

8 2 5 0 0 0 4 3 5 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...ne can be ascertained the full name of each child, if any shall have ...and occupation of its parents, the date and place of birth; and the ...l by the practitioner in the form of a certificate between the first and ...office of the Commissioner of Health. In case the birth of any child ...sician or practitioner of midwifery, or should no other person be in ...thereafter it shall become the duty of the person or parents of such ...of Health, in the manner and within the period above required, and ...after fail to comply with the provisions of this section shall be sub... offense, to be recovered as other fines and forfeitures are recoverable.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* W/ Lite
3. *Date of Birth,* July 20 1895
4. *Place of Birth, (Street and Number)* 406 N Chapel St,
5. *Full Name of Mother,* Annie Dressel
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* John Dressel
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Bhemian

Name of Medical Attendant, or other person who makes this Return, Mary Kofatos

Address, 205 N Washington St

Remarks,

8 4 5 0 0 4 3 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* July 21st. 1895
4. *Place of Birth, (Street and Number)* 33. E. Barney. St
5. *Full Name of Mother,* Johanna. Dolphin.
6. *Mother's Maiden Name,* Johanna. Smith
7. *Mother's Birthplace,* Baltimore, md
8. *Full Name of Father,* William. H. Dolphin
9. *Father's Occupation,* Assistan. Boss
10. *Father's Birthplace,* Baltimore, md

Name of Medical Attendant, or other person who makes this Return. Ellamora. A. anderson

Address, 1434. Patapsco St

Remarks,

8 4 5 0 0 0 4 3 6 0

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-8-52

RETURN OF A BIRTH. 66726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles ~~Elmer~~ Russell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th,

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday July 21st, 1895
4. Place of Birth, (Street and Number) 1212 Homewood ave,
5. Full Name of Mother, Ellen Russell
6. Mother's Maiden Name, Ellen Burk
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Wm. D. Russell,
9. Father's Occupation Electrician
10. Father's Birthplace, Accomac Co. Va

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton. M.D.

Address, S. W. cor. Calvert & Preston Sts,

Remarks,

8 7 5 0 0 0 4 3 6 1

...tained the full name of each child, (if any shall have ...on of its parents, the date and place of birth; and the ...tioner in the form of a certificate between the first and ...ommissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner ... attendance upon the mother, immediately thereafter, it shall become ... child to report its birth to the Commissioner of Health, in the manner ... any such person or persons who shall hereafter fail to comply with ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 66729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 21st 1895
4. *Place of Birth, (Street and Number)* 2322 E Fayette Street
5. *Full Name of Mother,* Hevine Pickett
6. *Mother's Maiden Name,* Dinaste
7. *Mother's Birthplace,* Dorchester County
8. *Full Name of Father,* Jorge Pickett
9. *Father's Occupation* Common Merchant
10. *Father's Birthplace,* Dorchester County

Name of Medical Attendant, or other person who makes this Return, Mrs A E Knowles

Address,

Remarks,

8 7 5 0 0 0 4 3 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 21 1896.

4. *Place of Birth, (Street and Number)* 2533 Huntingdon Ave

5. *Full Name of Mother,* Lulu M. Carpenter

6. *Mother's Maiden Name,* Lulu M. Carpenter

7. *Mother's Birthplace,* Carroll Co. Md

8. *Full Name of Father,* Charles Franklin Carpenter

9. *Father's Occupation* Carpenter

10. *Father's Birthplace,* Carroll Co. Md

Name of Medical Attendant, or other person who makes this Return, Dr. Geo. M. Kemp

Address, 130 W. Mount St.

Remarks, Born in Mother's residence

Surname of Father Carpenter

0 7 5 0 0 0 4 3 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Name and occupation of each child, (if any shall have
of its parents, the date and place of birth; and the
ner in the form of a certificate between the first and
missioner of Health. In case the birth of any child
ouer of midwifery, or should no other person be in
ll become the duty of the person or parents of such
ne manner and within the period above required, and
ply with the provisions of this section shall be sub-
covered as other fines and forfeitures are recoverable.
shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissio
shall occur without the attendance of a physician or practioner of
shall become upon the mother, immediately thereafter it shall be
attendance upon the mother, Commissioner of Health, in the manner
child to report its birth to the Commissioner of Health hereafter fail to comply with
any such person or persons who shall hereafter fail to comply with
jected to the fine of ten (10) dollars for each offence, to be recovered

RETURN OF A BIRTH. 66729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 July
4. *Place of Birth, (Street and Number)* Chesapeake str. 1005
5. *Full Name of Mother,* Mary Rehak
6. *Mother's Maiden Name,* Macj
7. *Mother's Birthplace,* Hungar
8. *Full Name of Father,* John Rehak
9. *Father's Occupation,* Work-man
10. *Father's Birthplace,* Bohemen

Name of Medical Attendant, or other person who makes this Return, Mary Prell

Address, S. Bond Str. 838

Remarks,

0 4 5 0 0 0 4 3 6 4

Wm J C. Dulany Co., City Printers and Stationers.

the practitioner on the parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 7 1898
4. *Place of Birth, (Street and Number)* 509 Columbia ave
5. *Full Name of Mother,* Lizzie Mollhan
6. *Mother's Maiden Name,* Lizzie Fiss
7. *Mother's Birthplace,* Elsenmay-
8. *Full Name of Father,* Henry H Moellhan
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return,

Address, Hellenonda Bluffs

Remarks, 7 8 4 5 0 0 0 4 3 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name of each child, (if any shall have been born during the time and occupation of its parents, the date and place of birth; and the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 St

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 21, 1895.
4. *Place of Birth, (Street and Number)* 1221 William St.
5. *Full Name of Mother,* Sarah Miller
6. *Mother's Maiden Name,* Brander
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Miller
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 E. Fort ave.

Remarks,

8 9 5 0 0 0 4 3 6 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* July 2
4. *Place of Birth, (Street and Number)* 5-17 Bates
5. *Full Name of Mother,* Rachel Parker
6. *Mother's Maiden Name,* Rachel Fell
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Edward Porter
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 644 [illegible]

Remarks, [illegible]

8 9 5 0 0 0 4 3 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

...occupation of its parents, the date and place of birth, of any shall have ... the practitioner in the form of a certificate between the first and ... the Commissioner of Health. In case the birth of any child ... or practitioner of midwifery, or should no other person be in ... after it shall become the duty of the person or parents of such ... faith, in the manner and within the period above required, and ... fail to comply with the provisions of this section shall be sub- ... to be recovered as other fines and forfeitures are recoverable.

...be delivered, duly signed by the ... third day of each and every month to the office of the ... shall occur without the attendance of a physician or ... attendance upon the mother, immediately thereafter it ... child to report its birth to the Commissioner of Health, ... any such person or persons who shall hereafter fail to ... jected to the fine of ten (10) dollars for each offence, to be ...

RETURN OF A BIRTH. 66733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 21st 93
4. *Place of Birth, (Street and Number)* 847 Monpelier St
5. *Full Name of Mother,* Gertrude Marie Jones
6. *Mother's Maiden Name,* " " Zimmerman
7. *Mother's Birthplace,* Nassau Germany
8. *Full Name of Father,* Francis Ernest Jones
9. *Father's Occupation* Baker
10. *Father's Birthplace,* London England

Name of Medical Attendant, or other person who makes this Return Mrs Bange

Address, 711 Cross 847 ~~Monpelier St~~

Remarks,

8950004368

Wm. J. C. Dulany Co., City Printers and Stationers.

...pation of its parents, the date and occupation ... the ... shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66 734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 and

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 21

4. *Place of Birth, (Street and Number)* Balto 1004 Bank st

5. *Full Name of Mother,* Emma C Hamm

6. *Mother's Maiden Name,* Emma C Dehn

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Chas P Hamm

9. *Father's Occupation* Harness maker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bangs

Address, 719 Lemmon

Remarks,

8 7 5 0 0 0 4 3 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, in case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66735

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ild of Mother, (state whether 1st, 2d, 3d, &c.)

tate whether male or female) male

r Color, (if not of the white race) eight hour

of Birth, 21 of July 1895

f Birth, (Street and Number) 807 George st

ame of Mother, Mary Ella Brown

s Maiden Name, Mary Ella Tyler

s Birthplace, in Baltimore city

ame of Father, Charles T Brown

s Occupation Porter

s Birthplace, in Baltimore city

Medical Attendant, or other person who makes this Return,

807 George street Balt md

616 clinton ave

Lydia Somerville

8950004370

nters and Stationers.

RETURN OF A BIRTH. 66736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colerd
3. *Date of Birth,* July the 21
4. *Place of Birth, (Street and Number)* Slurey st 124
5. *Full Name of Mother,* florence Johnson
6. *Mother's Maiden Name,* florence Wilson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* geroge Johnson
9. *Father's Occupation* labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, ranrah Jane Thomson

Address, 124 west Slurey st

Remarks, full 9 months

8950004371

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the presence of the mother, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

occupation of its parents, the date and place of birth, (if any shall have
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
practitioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
in the manner and within the period above required, and
comply with the provisions of this section shall be sub-
be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall be delivered, duly signed by the practitio
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or practic
attendance upon the mother, immediately thereafter it shal
child to report its birth to the Commissioner of Health, in the
any such person or persons who shall hereafter fail to compl
jected to the fine of ten (10) dollars for each offence, to be rec

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born July 21th 1895
4. *Place of Birth, (Street and Number)*	#2005 Frederick Ave.
5. *Full Name of Mother,*	Mrs. Pauline, May
6. *Mother's Maiden Name,*	Miss. " Böhnert
7. *Mother's Birthplace,*	Hessen, Germany
8. *Full Name of Father,*	Louis, May
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Hessen, Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	#2008 N. Henry St
Remarks,	

8950004372

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth, July 21st 1895
4. Place of Birth, (Street and Number) 603 E. Sharp St
5. Full Name of Mother, Emmie Wolfson
6. Mother's Maiden Name, Emmie Chaimowich
7. Mother's Birthplace, Russia Europe
8. Full Name of Father, Hyman Wolfson
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Russia Europe

Name of Medical Attendant, or other person who makes this Return, Wm. Rubinstein

Address, 105 N. Barr St

Remarks,

8 9 5 0 0 0 4 3 7 3

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED, 1|5|61

RETURN OF A BIRTH. 66739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marie Hesterberg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 22 1895
4. *Place of Birth, (Street and Number)* 660 Portland St
5. *Full Name of Mother,* Wilhemine Hesterberg
6. *Mother's Maiden Name,* Wilhemine Burke-
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henrich Hesterberg
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, Helligonda Ulcer

~~5 105 010~~ 0 4374 Stetson

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 66740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 22
4. *Place of Birth, (Street and Number)* Spring st 215
5. *Full Name of Mother,* Rachel Gatwood
6. *Mother's Maiden Name,* Conner
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* George W Gatwood
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Annie Donaldson

Address, 102 Mcelderry st court

Remarks,

8950004375

(Certificate must be delivered within ten days after birth has occurred under his or her care during the first month, and the Commissioner of Health may require that the same can be ascertained the full name of each child, if any shall have been omitted from said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	July 22. 1895
4. *Place of Birth, (Street and Number)*	#1057 E Charles St.
5. *Full Name of Mother,*	Lena Louisa Bowers.
6. *Mother's Maiden Name,*	Lena Louisa Hennies.
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	William John Bowers.
9. *Father's Occupation*	Iron Worker.
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Otto M. Reinhardt M.D.
Address,	#1017 E. Charles St.
Remarks,	

0 7 5 0 0 0 4 3 7 6

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 66742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 birth boy

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 22

4. Place of Birth, (Street and Number) 1020 Shield Ally

5. Full Name of Mother, Mattie Broan

6. Mother's Maiden Name, Mattie Broun

7. Mother's Birthplace, Essex co va

8. Full Name of Father, Tom Tilmon

9. Father's Occupation, labor work

10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, md Carrie Reed

Address, 417 N. Parrish Alley

Remarks,

8750004377

Wm. J. C. Dulany Co., City Printers and Stationers.

...and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 23 1895
4. *Place of Birth, (Street and Number)* 1902 Linden
5. *Full Name of Mother,* Kate Gorman
6. *Mother's Maiden Name,* Lofton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Gorman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah P Harrington

Address, 924 Bunting St

Remarks,

' 8950004378

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 of Twins

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 July
4. *Place of Birth, (Street and Number)* 1450 Cookie st
5. *Full Name of Mother,* Mary Maloy
6. *Mother's Maiden Name,* Mary Akers
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* George Akers
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Cornelius Allen

Address, 1407 Nicholson

Remarks, Still Birth 1 of twins

8450004379

Wm J C. Dulany Co., City Printers and Stationers.

the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 66745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th child

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Wed July 28 th 1895
4. *Place of Birth (Street and Number),* 827 Hillen st Balto City
5. *Full Name of Mother,* Maria Roddy
6. *Mother's Maiden Name,* Maria Naughton
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Joseph Roddy
9. *Father's Occupation,* Salon Keeper
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Marguerite Naughton

Address,

Remarks,

8950004380

Baltimore Publishing Co., City Printers and Stationers.

ave occurred under his or her care during the month.
d the full name of each child, if any shall have been con-
urents, the date and place of birth; and the said schedule
orm of a certificate between the first and third day of
ealth. In case the birth of any child shall occur without
or should no other person be in attendance upon the
he person or parents of such child to report its birth to
eriod above required, and any such person or persons
section shall be subjected to the fine of ten (10) dollars
es are recoverable.
and shall set forth as far as the same can be ascertained the full name, color, the full name and occupation of its parents, the date and place of birth; and the said schedule
ferred), its sex,
shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of
each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without
the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the
mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to
the Commissioner of Health, in the manner and within the period above required, and any such person or persons
who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars
for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 23 - 1895 Columbia
4. *Place of Birth, (Street and Number)* N 1246 Columbia ave
5. *Full Name of Mother,* ~~John Stitt~~ Linna Stitt
6. *Mother's Maiden Name,* Linna Irmin Hurst
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John A. Stitt
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bangle

Address, Winchester

Remarks,

B 9 5 0 0 0 4 3 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 — 1 — 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23rd
4. *Place of Birth, (Street and Number)* Baltimore. 1147 Pinkney St
5. *Full Name of Mother,* Annie Elizabeth Bell
6. *Mother's Maiden Name,* Annie Elizabeth Kaufmann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Emory Bell
9. *Father's Occupation* Jeweler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bauer

Address, 711 Hobson C

Remarks,

8 9 5 0 0 0 4 3 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1.	*Sex, (state whether male or female)*	Male.
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July 23d
4.	*Place of Birth, (Street and Number)*	135 S. A Stricker
5.	*Full Name of Mother,*	Mollie Davis
6.	*Mother's Maiden Name,*	Mollie Hoobs
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Albert Davis
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Geo W Norris M D
	Address,	1501 Presstman
	Remarks,	

8 4 5 0 0 0 4 3 8 3

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a return of every birth which shall occur without the attendance of a physician or midwife, and within the period above required, and in case of the absence or neglect of the parents, the duty of making such return shall devolve upon the mother, immediately thereafter; and the physician or midwife in attendance upon the mother, immediately thereafter shall have the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 23 1895
4. *Place of Birth, (Street and Number)* 895 Potomac St
5. *Full Name of Mother,* Hance Cook
6. *Mother's Maiden Name,* Saunders
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Cook
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah J Harrington

Address, 924 Binney St

Remarks,

8950004384

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 23 95

4. Place of Birth, (Street and Number) 317 N. Washington St

5. Full Name of Mother, John League

6. Mother's Maiden Name,

7. Mother's Birthplace, Md.

8. Full Name of Father, Lilly League

9. Father's Occupation Engineer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Chas L. Neer M.D.

Address, 619 S. Cat Bk Ave

Remarks,

6950004385

Wm. J. C. Dulany Co., City Printers and Stationers

be ascertained the full name of each child, if any shall have
cupation of its parents, the date and place of birth and the
practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
lth, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

been conferred its sex, color, the full name and occupation of the same can be ascer
said schedule shall be delivered, duly signed by the practi
third day of each and every month to the office of the C
shall occur without the attendance of a physician or pra
attendance upon the mother, immediately thereafter it s
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offence, to be

RETURN OF A BIRTH. 66751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* ~~White~~ Colored
3. *Date of Birth,* July 23 1895
4. *Place of Birth, (Street and Number)* 725 Lovers Ct City
5. *Full Name of Mother,* Emma Biddle
6. *Mother's Maiden Name,* Emma Turner
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Nicholas Biddle
9. *Father's Occupation,* Janitor of Club-house
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Millie Gross

Address, 817 Hanan St City

Remarks,

8 9 5 0 0 0 4 3 8 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 66752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Milton T. Ferguson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 24
4. *Place of Birth, (Street and Number)* Baltimore Mulliken at 1502
5. *Full Name of Mother,* Annie M. Ferguson
6. *Mother's Maiden Name,* Annie Mary Rogers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Johnson
9. *Father's Occupation* Truckmaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 419 Lemmon st

Remarks, Doing well can expected

0750004387

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name of each child, (if any shall have been conferred under his or her care during the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY NAME ADDED 5-12-59

RETURN OF A BIRTH. 6753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Amy Iona Ziegler

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	July 24, 1885
4.	*Place of Birth, (Street and Number)*	506 Laurens st.
5.	*Full Name of Mother,*	Clara A. Ziegler.
6.	*Mother's Maiden Name,*	" " Grimes
7.	*Mother's Birthplace,*	Balto. city
8.	*Full Name of Father,*	J. Harry Ziegler.
9.	*Father's Occupation,*	Paper-Hanger
10.	*Father's Birthplace,*	Frederick, Md.
	Name of Medical Attendant, or other person who makes this Return,	D. Edward Janney, M.D.
	Address,	837 N. Eutaw st.
	Remarks,	

8 Y 5 0 0 0 4 3 8 8

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

ascertained the full name of each child, (if any shall have
tion of its parents, the date and place of birth; and the
tioner in the form of a certificate between the first and
commissioner of Health. In case the birth of any child
actitioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
the manner and within the period above required, and
comply with the provisions of this section shall be sub-
recovered as other fines and forfeitures are recoverable

sex, color, the full name and occupation of
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commissioner
shall occur without the attendance of a physician or practitioner
attendance upon the mother, immediately thereafter it shall be
child to report its birth to the Commissioner of Health, in the manner
any such person or persons who shall hereafter fail to comply
jected to the fine of ten (10) dollars for each offense, to be recovered

RETURN OF A BIRTH. 66754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 24 '91 5:20 A.M.
4. *Place of Birth, (Street and Number)* #408 N. Penal St.
5. *Full Name of Mother,* Annie Starkey
6. *Mother's Maiden Name,* Annie Thompson
7. *Mother's Birthplace,* Co. Cullob St- City
8. *Full Name of Father,* Chas H A Starkey
9. *Father's Occupation* Steel-sweeper
10. *Father's Birthplace,* Mulberry St- city

Name of Medical Attendant, or other person who makes this Return, R B Kenyon

Address, N.E. Cor. Greene & Mulberry Sts

Remarks, Presentation O.L.A.

8950004389

Wm. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66 755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 25 1895
4. *Place of Birth, (Street and Number)* 1831, E. Gough st
5. *Full Name of Mother,* Ellen Eday
6. *Mother's Maiden Name,* German
7. *Mother's Birthplace,* Baltimore city Md
8. *Full Name of Father,* Jacob F. Eday
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, M A Desanpont

Address, 2024, E Pratt st

Remarks, doing Well

B 850004390

said schedule shall be delivered, duly signed by the practitioner in the case, to the Registrar of its parents, the date and place of birth, and the name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

occupation of its parents, the date and place of birth, (if any shall have
he practitioner in the form of a certificate between the first and
e of the Commissioner of Health. In case the birth of any child
an or practioner of midwifery, or should no other person be in
after it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
ee, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thu

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* July 25. 1896
4. *Place of Birth, (Street and Number)* 37 West Port Maryland ave 37
5. *Full Name of Mother,* Mrs Bridgie Reisdorf
6. *Mother's Maiden Name,* Bridgie Curran
7. *Mother's Birthplace,* Boston Mass
8. *Full Name of Father,* Mr John Reisdorf
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Pittsburg

Name of Medical Attendant, or other person who makes this Return, Mrs Barge

Address, 711 Eutaw

Remarks,

J 0 7 5 0 0 0 4 3 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

1 Over

RETURN OF A BIRTH. 66757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child
1. *Sex, (state whether male or female)*	Male - Joseph Lee Brown
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 4 ~~25~~ 1895
4. *Place of Birth, (Street and Number)*	204 Hill Street
5. *Full Name of Mother,*	Emma Brown Emma Morrison
6. *Mother's Maiden Name,*	Baltimore
7. *Mother's Birthplace,*	Isiah Brown
8. *Full Name of Father,*	Laymon
9. *Father's Occupation,*	Baltimore
10. *Father's Birthplace,*	Co Laurty Boulder
Name of Medical Attendant, or other person who makes this Return,	808 Stockholm St
Address,	Long Hill
Remarks,	

0750004392

Wm J C. Dulany Co., City Printers and Stationers.

...ation of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...Commissioner of Health. In case the birth of any child ...practitioner of midwifery, or should no other person be in ...shall occur without the attendance of a physician or practitioner ...third day of each and every month to the office of the Commissioner ...shall become the duty of the person or parents of such child ...attendance upon the mother, immediately thereafter it shall be ...child to report its birth to the Commissioner of Health, in the ...it shall become and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 25. 1895

4. Place of Birth, (Street and Number) 1478 Richerson st

5. Full Name of Mother, Kate Straf

6. Mother's Maiden Name, Wagner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Tom Straf

9. Father's Occupation Workman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Carolina Schwartz

Address, 434 E Fort ave

Remarks,

875U004393

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 66759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Virginia Ennis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 25, 1895
4. Place of Birth, (Street and Number) 125 S. Ann
5. Full Name of Mother, ~~Middleton~~ Ennis, Catherine
6. Mother's Maiden Name, —
7. Mother's Birthplace, — Va
8. Full Name of Father, ~~Catharine~~ Enn, Middleton S.
9. Father's Occupation —
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, C A Neer

Address, 4 Patapsco

Remarks, [illegible] 3-11-53

, 8 4 5 0 0 0 4 3 9 4

said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

and occupation of its parents, the date and place of birth; and the
by the practitioner in the form of a certificate between the first and
office of the Commissioner of Health. In case the birth of any child
sician or practioner of midwifery, or should no other person be in
hereafter it shall become the duty of the person or parents of such
of Health, in the manner and within the period above required, and
er fail to comply with the provisions of this section shall be sub-
ffence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 26 1895
4. *Place of Birth, (Street and Number)* 952 Boyle street
5. *Full Name of Mother,* Maggie Kositzke
6. *Mother's Maiden Name,* Wallis
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* John Kositzke
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other person who makes this Return, Caroline Schwartz

Address, 434 E. Fort ave.

Remarks,

8950004395

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 26
4. *Place of Birth, (Street and Number)* 529 No. Charles St
5. *Full Name of Mother,* Fannie A Wolting
6. *Mother's Maiden Name,* Fannie a Bonn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William G. Wolting
9. *Father's Occupation* Architect
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, W. F. Akenhead

Address, 305 N Green St

Remarks,

8750004396

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 66962

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ild of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

tate whether male or female) Female

r Color, (if not of the white race) White

f Birth, July 27

of Birth, (Street and Number) Baltimore, No. 33 Wilhelm st

Name of Mother, Mary Panke

's Maiden Name, Mary Gruenewald

's Birthplace, Baltimore

Name of Father, Herman Panke

s Occupation, Shoe maker

s Birthplace, Germany

f Medical Attendant, or other person who makes this Return. Mrs. Dr. F. Volkmann

No. 1814 Druid

,

s,

6675000043897

STATIONERS.

GIVEN NAME ADDED 10-30-63

RETURN OF A BIRTH. 66703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: MARGARET Catherine Pfeiffer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sunday, July 28th 95; (10.30 A.M.)
4. *Place of Birth, (Street and Number)* 632 Baker St
5. *Full Name of Mother,* Estelle Pfeiffer
6. *Mother's Maiden Name,* Estelle McKinney
7. *Mother's Birthplace,* Ark City Mo
8. *Full Name of Father,* Jacob L. Pfeiffer
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Baltimore Co

Name of Medical Attendant, or other person who makes this Return, Chester Mc

Address, 116, W Madison St

Remarks,

8950004398

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 28 95

4. Place of Birth, (Street and Number) 761 Sharp st

5. Full Name of Mother, Matilda Hood

6. Mother's Maiden Name, Coldenstack

7. Mother's Birthplace, Balto Md

8. Full Name of Father, David Hood

9. Father's Occupation

10. Father's Birthplace, N C

Name of Medical Attendant, or other person who makes this Return, Henry H Smith M.D.

Address, 526 Sharp st

Remarks,

8 4 5 0 0 0 4 3 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 66765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 1st 1875
4. *Place of Birth, (Street and Number)* 2425 St Paul St
5. *Full Name of Mother,* Daisy M Bowers Kenney
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* New Jersey
8. *Full Name of Father,* Horace Kenney
9. *Father's Occupation,* Lithographer & Publisher
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other Person who makes this Return. Robert W Mifflin MD

Address, 402 Cathedral St

Remarks,

The name and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner or persons who shall hereafter fail to comply with the provisions for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) First

1. *Sex*, (*state whether male or female*) Male

2. *Race or Color*, (*if not of the white race*) Colored

3. *Date of Birth* July 1st 1895

4. *Place of Birth*, (*Street and Number*) 128 Stafford street Annex

5. *Full Name of Mother*, Martha L. Cooper

6. *Mother's Maiden Name*, Martha L. Hughes

7. *Mother's Birthplace*, Balto. Co. Maryland

8. *Full Name of Father*, John Henry Cooper

9. *Father's Occupation*, Teamster

10. *Father's Birthplace*, Balto City

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

8 9 5 U 0 0 4 4 0 1

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner it shall become the duty of the person or parents of such child, to be in attendance upon the mother, immediately thereafter and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and with the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 66767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 1st 98
4. *Place of Birth, (Street and Number)* 1206 Jefferson Street
5. *Full Name of Mother,* Vanessa Reynolds
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M. D.

Address, The Johns Hopkins Hospital.

Remarks,

0 7 5 0 0 0 4 4 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

...occupation of its parents, the date and place of birth, and the ... shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

and occupation of its parents, the date and place of birth; and the
by the practitioner in the form of a certificate between the first and
ffice of the Commissioner of Health. In case the birth of any child
sician or practioner of midwifery, or should no other person be in
ereafter it shall become the duty of the person or parents of such
of Health, in the manner and within the period above required, and
fail to comply with the provisions of this section shall be sub-
ence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the
third day of each and every month to the office of
shall occur without the attendance of a physician or
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health
any such person or persons who shall hereafter fail to
jected to the fine of ten (10) dollars for each offence.

RETURN OF A BIRTH. 66768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 18 1895
4. *Place of Birth, (Street and Number)* 4 So Carey str 2 Floor
5. *Full Name of Mother,* Minnie Tiebernack
6. *Mother's Maiden Name,* Minnie von Spitzangen
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Robert Tiebernack
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 711 N Arch

Remarks, 8950004403

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 3rd, 1895.
4. *Place of Birth, (Street and Number)* # 1122 Columbia Ave.
5. *Full Name of Mother,* Mrs. Mary A. Zeller.
6. *Mother's Maiden Name,* Mary A. McKeldin.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm F. Zeller
9. *Father's Occupation* Tinner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange.

Address, 711 West Pratt St.

Remarks,

8950004404

Wm. J. C. Dulany Co., City Printers and Stationers.

The Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4th July
4. *Place of Birth, (Street and Number)* 1119 Cleveland Av.
5. *Full Name of Mother,* Annie Mary Bolyer
6. *Mother's Maiden Name,* Annie Mary Siegler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John D. Bolyer.
9. *Father's Occupation* Tobacco Worker.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Wm Nordt

Address, 711 N. Conkling

Remarks, 6750004405

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 5th 1895
4. *Place of Birth, (Street and Number)*	1139 Scott St
5. *Full Name of Mother,*	Catherine Conley Brehm
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	John Edward Conley
9. *Father's Occupation*	Baltimore Md
10. *Father's Birthplace,*	Glassblower
Name of Medical Attendant, or other person who makes this Return,	Mrs Barry
Address,	1114 Lemmon
Remarks,	0750004406

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* July 6th 1895
4. *Place of Birth, (Street and Number)* 1935 Morris St Baltimore, Md.
5. *Full Name of Mother,* Louisa Briscoe
6. *Mother's Maiden Name,* Louisa Brisco
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* William Brant
9. *Father's Occupation,* Drives Coal Car
10. *Father's Birthplace,* Annapolis, Md.

Name of Medical Attendant, or other person who makes this Return, Ida Pollack M D

Address, 1109 N Collon St.

Remarks,

B 9 5 0 0 0 4 4 0 7

Wm J C. Dulany Co., City Printers and Stationers.

...on of its parents, the date and place of birth; and the ...tioner in the form of a certificate between the first and ...missioner of Health. In case the birth of any child ...titioner of midwifery, or should no other person be in ...shall become the duty of the person or parents of such ...the manner and within the period above required, and ...mply with the provisions of this section shall be sub- ...ecovered as other fines and forfeitures are recoverable.

...third day of each and every month to the office of the Commissio... ...shall occur without the attendance of a physician or practitioner... ...attendance upon the mother, immediately thereafter it shall be... ...child to report its birth to the Commissioner of Health, in the ma... ...any such person or persons who shall hereafter fail to comply w... ...jected to the fine of ten (10) dollars for each offence, to be recover...

GIVEN MIDDLE ADDED 12-2-55

RETURN OF A BIRTH. 66773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Gertrude Irene May Mitchell

1. *Sex*, (state whether male or female) 2nd Child Female

2. *Race or Color*, (if not of the white race) White

3. *Date of Birth*, June 8, 1895

4. *Place of Birth*, (Street and Number) 310 ~~West~~ E. Chase St

5. *Full Name of Mother*, Alice Mitchell

6. *Mother's Maiden Name*, Alice Wheeler

7. *Mother's Birthplace*, Balto

8. *Full Name of Father*, John Mitchell

9. *Father's Occupation* Fish dealer

10. *Father's Birthplace*, Balto

Name of Medical Attendant, or other person who makes this Return, Dr. R Cathey

Address, 2136 E. Heath St

Remarks, Home Died

Wm. J. C. Dulany Co,. City Printers and Stationers.

8 4 5 0 0 0 4 4 0 8

Every Birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 1216 N. Gay street.
4. Place of Birth, (Street and Number) July 8th 1895.
5. Full Name of Mother, Annie Rochester.
6. Mother's Maiden Name, Annie King,
7. Mother's Birthplace, Baltimore M. D.
8. Full Name of Father, William Rochester.
9. Father's Occupation Carriage Dealer,
10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Amelia V. Flentje M. D.

Address, 1108 Orleans st.

Remarks, 6750004409

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 16775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 8th 1895
4. *Place of Birth, (Street and Number)* 1906 Bank St
5. *Full Name of Mother,* Mary A Anderson
6. *Mother's Maiden Name,* Mary A Burns
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John J Anderson
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Penn'a

Name of Medical Attendant, or other person who makes this Return, Wolfe C. Eisenberg AB 1862

Address, N. E Cor Bank & Wolfe Sts

Remarks,

8950004410

Wm. J. C. Dulany Co., City Printers and Stationers.

...occupation of its parents, the date and place of birth; and the ... by the practitioner in the form of a certificate between the first and ... office of the Commissioner of Health. In case the birth of any child ... physician or practioner of midwifery, or should no other person be in ... hereafter it shall become the duty of the person or parents of such ... of Health, in the manner and within the period above required, and ... fail to comply with the provisions of this section shall be sub- ... fence, to be recovered as other fines and forfeitures are recoverable.

...ture shall be delivered, duly signed by the ... third day of each and every month to the office of ... shall occur without the attendance of a physician ... attendance upon the mother, immediately thereafter ... child to report its birth to the Commissioner of Health ... any such person or persons who shall hereafter fail to ... jected to the fine of ten (10) dollars for each offence,

RETURN OF A BIRTH. 66776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 para

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 1st 1890
4. *Place of Birth, (Street and Number)* #607 Raborg St
5. *Full Name of Mother,* Mary Jones
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return. J. W. J. Dick

Address, 622 N. Lombard St.

Remarks,

0 4 5 0 0 0 4 4 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the p
third day of each and every month to the office of t
shall occur without the attendance of a physician or
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health
any such person or persons who shall hereafter fail to
jected to the fine of ten (10) dollars for each offence, to

RETURN OF A BIRTH. 66777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 1st 95.
4. *Place of Birth, (Street and Number)*	Westrigate 113+115 N. Lombard
5. *Full Name of Mother,*	Lola Mitchell
6. *Mother's Maiden Name,*	Lola Mitchell
7. *Mother's Birthplace,*	Ind.
8. *Full Name of Father,*	"
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	Chas. E. Bock M.D.
Address,	113+115 N. Lombard St
Remarks,	

8 4 5 0 0 0 4 4 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 1st 1895
4. *Place of Birth, (Street and Number)* 622 N. Lombard St.
5. *Full Name of Mother,* Libbie Banks
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return. J. McG. Dick.

Address, 622 N. Lombard St.

Remarks,

8950004413

Wm. J. C. Dulany Co., City Printers and Stationers.

...said schedule shall be delivered, duly signed by the ... third day of each and every month to the office of the ... shall occur without the attendance of a physician or ... attendance upon the mother, immediately thereafter ... child to report its birth to the Commissioner of Health ... any such person or persons who shall hereafter fail to ... jected to the fine of ten (10) dollars for each offence, to ...

RETURN OF A BIRTH. 66779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 1st 1915
4. *Place of Birth, (Street and Number)* 622 W. Lombard St.
5. *Full Name of Mother,* Annie Kelly
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return J. M. J. Dick.

Address, 622 W. Lombard St.

Remarks,

8950004414

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 1st . 95
4. *Place of Birth, (Street and Number)*	Residence 113+115 W. Lombard.
5. *Full Name of Mother,*	Mary Tolley
6. *Mother's Maiden Name,*	Mary Tolley
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	"
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return.	Chas. E. Brack M.D.
Address,	113+115 W. Lombard.
Remarks,	

8 2 5 0 0 0 4 4 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner ... of its parents, the date and place of birth; and the ... practitioner in the form of a certificate between the first and ... Commissioner of Health. In case the birth of any child ... actioner of midwifery, or should no other person be in ... shall become the duty of the person or parents of such ... shall occur without the attendance it shall be ... third day of each and every month of a physician or practitioner ... attendance upon the mother, immediately thereafter, in the ... child to report its birth to the Commissioner of Health, in the ... manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 2nd, 1896.
4. *Place of Birth, (Street and Number)* #844 Stockholm St.
5. *Full Name of Mother,* Ora Matthews
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. McG. Dick.

Address, 622 N. Lombard St

Remarks,

8950004416

Wm. J. C. Dulany Co., City Printers and Stationers.

the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 2nd 1891
4. *Place of Birth, (Street and Number)* 622 W. Lombard St.
5. *Full Name of Mother,* Elizabeth Snuffle
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. McDonich

Address, 622 W. Lombard St.

Remarks,

8950004417

Wm. J. C. Dulany Co., City Printers and Stationers.

...said schedule shall be delivered, duly signed by the ... third day of each and every month to the office ... shall occur without the attendance of a physician ... attendance upon the mother, immediately thereafter ... child to report its birth to the Commissioner of Health ... any such person or persons who shall hereafter fail ... jected to the fine of ten (10) dollars for each offence ... and occupation of its parents, the date and place of birth; and the ... by the practitioner in the form of a certificate between the first and ... office of the Commissioner of Health. In case the birth of any child ... sician or practioner of midwifery, or should no other person be in ... thereafter it shall become the duty of the person or parents of such ... of Health, in the manner and within the period above required, and ... ter fail to comply with the provisions of this section shall be sub- ... offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 3rd 1895
4. *Place of Birth, (Street and Number)* 622 N. Lombard St.
5. *Full Name of Mother,* Martha Johnson
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. McF. Dick

Address, 622 N. Lombard St.

Remarks, 8950004418

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) —

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 3rd 1895
4. *Place of Birth, (Street and Number)* 1941 Booth St.
5. *Full Name of Mother,* Annie Gardner
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. W. J. Dick

Address, 622 N. Lombard St.

Remarks,

U 9500044419

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of any such person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 3rd 1890
4. *Place of Birth, (Street and Number)* 128 West St
5. *Full Name of Mother,* Vinie Jeames
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return. J. W. F. Dick

Address, 622 W. Lombard St

Remarks,

, 8950001420

Wm. J. C. Dulany Co., City Printers and Stationers.

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 4th, 1895.
4. *Place of Birth, (Street and Number)* 7 Vincent Alley -
5. *Full Name of Mother,* Josephine Smith -
6. *Mother's Maiden Name,* -
7. *Mother's Birthplace,* -
8. *Full Name of Father,* -
9. *Father's Occupation* -
10. *Father's Birthplace,* -

Name of Medical Attendant, or other person who makes this Return, J. McF. Dick -

Address, 622 N. Lombard St -

Remarks,

8 4 5 0 0 0 4 4 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the ... third day of each and every month to the office of ... shall occur without the attendance of a physician or ... attendance upon the mother, immediately thereafter ... Child to report its birth to the Commissioner of Health, ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 6 / 95

4. Place of Birth, (Street and Number) Maryville 113+115 N. Lombard

5. Full Name of Mother, Gertie Cleary

6. Mother's Maiden Name, Gertie Cleary

7. Mother's Birthplace, Md.

8. Full Name of Father, "

9. Father's Occupation "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Chas. E. Brack M.D.

Address, 113+115 N. Lombard.

Remarks,

8 Y 5 0 0 0 1 4 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

...of its parents, the date and place of birth; and the ... shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to any such person or persons who shall hereafter fail to comply with the provisions of this section are recoverable. ... fail to be recovered as other fines and forfeitures ...

SAFETY FILM

RETURN OF A BIRTH. 66788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 7th 1895
4. *Place of Birth, (Street and Number)* 312 Parish alley
5. *Full Name of Mother,* Lilie White.
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. McG. Dick.

Address, 622 N. Lombard St.

Remarks,

8 9 5 0 0 0 1 4 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

and occupation of its parents, the date and place of birth; and the
d by the practitioner in the form of a certificate between the first and
office of the Commissioner of Health. In case the birth of any child
sician or practioner of midwifery, or should no other person be in
hereafter it shall become the duty of the person or parents of such
of Health, in the manner and within the period above required, and
ter fail to comply with the provisions of this section shall be sub-
offence, to be recovered as other fines and forfeitures are recoverable.

shall be delivered, duly signed by the
third day of each and every month to the office
shall occur without the attendance of a physician
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Hea
any such person or persons who shall hereafter fail
jected to the fine of ten (10) dollars for each offence.

...occupation of its parents, the date and place of birth; and the ... any shall have ... practitioner in the form of a certificate between the first and ... of the Commissioner of Health. In case the birth of any child ... or practioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 7th 1895
4. *Place of Birth, (Street and Number)* 62 W. Lombard St
5. *Full Name of Mother,* Flora Frock
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. M. G. Dick

Address, 622 W. Lombard St

Remarks, 8950004424

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 9th 1895
4. *Place of Birth, (Street and Number)* 622 N. Lombard St.
5. *Full Name of Mother,* Rosa Butler
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return. J. McG. Dick.

Address, 622 N. Lombard St.

Remarks, 8950004425

Wm. J. C. Dulany Co., City Printers and Stationers.

...ame and occupation of its parents, the date and place of birth; and the ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 8th, 1895
4. *Place of Birth, (Street and Number)* 622 W. Lombard St.
5. *Full Name of Mother,* Nellie Elsner
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. Wm. F. Dick

Address, 622 W. Lombard St.

Remarks, 8950004426

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 8th, 1895
4. *Place of Birth, (Street and Number)* 622 N. Lombard St.
5. *Full Name of Mother,* Maggie Clark
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. M. F. Dien

Address, 622 N. Lombard St.

Remarks, 8950004427

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

occupation of its parents, the date and place of birth; and the

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RETURN OF A BIRTH. 66793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 9th 1895
4. *Place of Birth, (Street and Number)* 0229 Vincent Alley
5. *Full Name of Mother,* Hattie Evans
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return. J. M. Y. Dick

Address, 622 N. Lombard St

Remarks,

845000014428

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and SHALL set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 9th 1895
4. *Place of Birth, (Street and Number)* 819 Leadenhall St.
5. *Full Name of Mother,* Bertha Johnson
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return. J. M. G. Dick

Address, 622 W. Lombard St

Remarks,

' 8 9 5 0 0 0 4 4 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 11, 1895
4. *Place of Birth, (Street and Number)*	15-11 Wyeth St.
5. *Full Name of Mother,*	Carrie Schumm
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	—
8. *Full Name of Father,*	—
9. *Father's Occupation,*	—
10. *Father's Birthplace,*	—
Name of Medical Attendant, or other person who makes this Return,	J. McFadden
Address,	622 N Lombard St
Remarks,	

' 8 9 5 0 0 0 4 4 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 12th 1895
4. *Place of Birth, (Street and Number)*	7 Carlton St.
5. *Full Name of Mother,*	Mary Dorsey
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	—
8. *Full Name of Father,*	—
9. *Father's Occupation,*	—
10. *Father's Birthplace,*	—
Name of Medical Attendant, or other person who makes this Return,	J. W. G. Dick
Address,	672 W. Lombard St
Remarks,	

8 4 5 0 0 0 4 4 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Month, and shall set forth as far as the same can been conferred) its sex, color, the full name and o said schedule shall be delivered, duly signed by the third day of each and every month to the office of shall occur without the attendance of a physician attendance upon the mother, immediately thereaft child to report its birth to the Commissioner of Hea any such person or persons who shall hereafter fail jected to the fine of ten (10) dollars for each offence

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 12th 1895
4. *Place of Birth, (Street and Number)* 622 N. Lombard St.
5. *Full Name of Mother,* Maggie Smith
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. W. F. Dick

Address, 622 N. Lombard St.

Remarks, 8950004432

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 13th 1895
4. *Place of Birth, (Street and Number)* 622 N. Lombard St.
5. *Full Name of Mother,* Sallie Jones
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. M. J. Dietz

Address, 622 N. Lombard St.

Remarks, 8950004433

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 15th 1895
4. *Place of Birth, (Street and Number)* 1442 Hand St.
5. *Full Name of Mother,* Susie Thoraton
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return J. McCay Dick

Address, 622 N. Lombard St

Remarks,

8 9 5 0 0 0 4 4 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 16th 1895
4. *Place of Birth, (Street and Number)* 1117 Clarels St.
5. *Full Name of Mother,* Ida Dickerson
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return. J. M. J. Dick.

Address, 622 N. Lombard St.

Remarks,

8950004435

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 16th, 1895.
4. *Place of Birth, (Street and Number)* 11 Vincent alley
5. *Full Name of Mother,* Estelleial Cammel
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. M. Duff Dict.

Address, 622 W. Lombard St.

Remarks,

8950004436

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 17th, 1895
4. Place of Birth, (Street and Number) 622 N. Lombard St.
5. Full Name of Mother, Lucy Frisby
6. Mother's Maiden Name, —
7. Mother's Birthplace, —
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, J. M. F. Dick

Address, 622 N. Lombard St.

Remarks, 1895 0004437

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 18th 1895
4. *Place of Birth, (Street and Number)* #720 Sarah Ann St.
5. *Full Name of Mother,* Martha Smith
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. M. Mc Fadden

Address, 622 N. Lombard St.

Remarks, 1895 U 004438

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 20th, 1895
4. *Place of Birth, (Street and Number)* 622 W. Lombard St.
5. *Full Name of Mother,* Blanche Spicer
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. M. J. Dick

Address, 622 W. Lombard St.

Remarks,

1895 0004439

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 21st, 1895.
4. *Place of Birth, (Street and Number)* 622 N. Lombard St.
5. *Full Name of Mother,* Louise St. Clair.
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return J. W. Y. Dick

Address, 622 N. Lombard St.

Remarks, 8950001440

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 22nd 1895
4. *Place of Birth, (Street and Number)* 829 S. Eutaw St.
5. *Full Name of Mother,* Maria Taylor
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return. J. McG. Dick

Address, 622 W. Lombard St.

Remarks, 8950004441

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 22nd 1895
4. *Place of Birth, (Street and Number)* 315 King St.
5. *Full Name of Mother,* Mary A. Parker
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. Wm. F. Dick

Address, 622 W. Lombard St.

Remarks, 8950004442

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 22nd/95
4. *Place of Birth, (Street and Number)*	Maternité 113+115 N. Lombard.
5. *Full Name of Mother,*	Ellen Leyes
6. *Mother's Maiden Name,*	Ellen Leyes
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	4
9. *Father's Occupation*	7
10. *Father's Birthplace,*	5
Name of Medical Attendant, or other person who makes this Return,	Edgar E. Brack M.D.
Address,	113+115 N. Lombard St.
Remarks,	Birth Premature. Dt. mo. mother has Chronic endocarditis and nephritis.

8 9 5 0 0 0 4 4 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

ascertained the full name of each child, (if any shall have
pation of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practitio
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or practi
attendance upon the mother, immediately thereafter it sha
child to report its birth to the Commissioner of Health, in th
any such person or persons who shall hereafter fail to comp
jected to the fine of ten (10) dollars for each offence, to be rec

month, and shall set forth as far as the same can be
practitioner in the form of a certificate between the first and
he Commissioner of Health. In case the birth of any child
practitioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
in the manner and within the period above required, and
comply with the provisions of this section shall be sub-
be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 23 1895
4. *Place of Birth, (Street and Number)*	Maternity 113+115 N. Lombard.
5. *Full Name of Mother,*	Eliza Jones
6. *Mother's Maiden Name,*	Eliza Jones
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	〃
9. *Father's Occupation*	〃
10. *Father's Birthplace,*	〃
Name of Medical Attendant, or other person who makes this Return,	Chas. E. Brack M. D.
Address,	113+115 N. Lombard.
Remarks,	

8 9 5 0 0 0 1 4 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 23/95
4. *Place of Birth, (Street and Number)* Maternité 1137115 N. Lombard.
5. *Full Name of Mother,* Belle Atkins
6. *Mother's Maiden Name,* Belle Atkins
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* "
9. *Father's Occupation* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return. Edw. E. Brack M.D.

Address, 1137115 N. Lombard.

Remarks,

8950004445

Wm. J. C. Dulany Co., City Printers and Stationers.

Number, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 23rd 1895
4. *Place of Birth, (Street and Number)* 622 N. Lombard St
5. *Full Name of Mother,* Catherine Smith
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. M. Faddis Dick.

Address, 622 N. Lombard St

Remarks, 8950004446

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 23rd 1891
4. *Place of Birth, (Street and Number)* 622 W. Lombard St.
5. *Full Name of Mother,* Elizabeth Brown
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. M. G. Dick

Address, 622 W. Lombard St.

Remarks, 8950004447

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex; color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 24th, 1895
4. *Place of Birth, (Street and Number)* 622 ½ Lombard St.
5. *Full Name of Mother,* Maud Baldwin
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. M. F. Dick

Address, 622 ½ Lombard St.

Remarks,

8 9 5 0 0 0 4 4 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 28th 1895
4. *Place of Birth, (Street and Number)* 1334 Dover St-
5. *Full Name of Mother,* Sophia Banks-
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. M. F. Dick
622 N. Lombard St

Address,

Remarks, 8950004449

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 28th 1895
4. *Place of Birth, (Street and Number)*	770 Sarah Ann St.
5. *Full Name of Mother,*	Carrie Smith
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	—
8. *Full Name of Father,*	—
9. *Father's Occupation*	—
10. *Father's Birthplace,*	—
Name of Medical Attendant, or other person who makes this Return,	J. W. F. Dieke
Address,	622 W. Lombard St.
Remarks,	0950004450

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Blk
3. *Date of Birth,* July 28 "
4. *Place of Birth, (Street and Number)* 873 Tyson St
5. *Full Name of Mother,* Ida Price
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Cappahannic Essex Co. Va.
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. T. McCarthy M.D.

Address, 626 George St.

Remarks, Mother refuses to give any information as regards to who the father is.

8750001451

Wm. J. C. Dulany Co., City Printers and Stationers.

be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

be ascertained the full name of each child, (if any shall have
occupation of its parents, the date and place of birth, and the
practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
er it shall become the duty of the person or parents of such
lth, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 28/95
4. *Place of Birth, (Street and Number)*	Maternity 113+115 N. Lombard
5. *Full Name of Mother,*	Jeanette Roberts
6. *Mother's Maiden Name,*	Jeanette Roberts
7. *Mother's Birthplace,*	N. Va.
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Telfa. E. Brack M. D.
Address,	113+115 N. Lombard St
Remarks,	

0750004452

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 29th 1895
4. *Place of Birth, (Street and Number)* 106 Lockton St
5. *Full Name of Mother,* Mary Mitchell
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. M. "F. Dick

Address, 627 W. Lombard St.

Remarks,

8950004453

Wm. J. C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 29th 1895
4. *Place of Birth, (Street and Number)* 229 N. Camden St.
5. *Full Name of Mother,* Julia Fernandez
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. W. Y. Dick

Address, 622 N. Lombard St.

Remarks,

8950004454

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 30th 1895
4. *Place of Birth, (Street and Number)* 622 N. Lombard St.
5. *Full Name of Mother,* Hester Ellis
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. McG. Dick

Address, 622 N. Lombard St.

Remarks, 8950004455

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 30th 1895
4. *Place of Birth, (Street and Number)* 625 Fonby Alley
5. *Full Name of Mother,* Amelia Thomas
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return. J. M. H. Dick

Address, 677 W. Lombard St.

Remarks, 8750004456

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 31st, 1895
4. *Place of Birth, (Street and Number)* 1611 Harmony Lane
5. *Full Name of Mother,* Mary Ross
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return. J. McF. Dick

Address, 622 N. Lombard St.

Remarks, 8950004457

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 30th 1895
4. Place of Birth, (Street and Number) 622 N. Lombard St.
5. Full Name of Mother, Mrs. Frank Marshall
6. Mother's Maiden Name, —
7. Mother's Birthplace, —
8. Full Name of Father, Frank Marshall
9. Father's Occupation Plumber
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, J. M. F. Dick.

Address, 622 N. Lombard St.

Remarks, 8950004458

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 1th July 1st

4. *Place of Birth, (Street and Number)* 1019 Fort Ave

5. *Full Name of Mother,* Kate Lipsom

6. *Mother's Maiden Name,* Van Meeter

7. *Mother's Birthplace,* Martinsburge Va

8. *Full Name of Father,* Elmer Lipsom

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. E. Gaudell

Address, 486 E. Fort Ave

Remarks,

B 4500014598

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its SEX, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 7th 1895
4. *Place of Birth, (Street and Number)*	Eagle st No 1833
5. *Full Name of Mother,*	Katey Swardon
6. *Mother's Maiden Name,*	Kalen grace
7. *Mother's Birthplace,*	Baltimore CO MD
8. *Full Name of Father,*	grant E Swardon
9. *Father's Occupation*	laber
10. *Father's Birthplace,*	Andarunded CO MD
Name of Medical Attendant, or other person who makes this Return,	Mrs S Keller
Address,	No 1922 William Av
Remarks,	

8 7 5 0 0 0 4 4 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1th of July 95
4. *Place of Birth, (Street and Number)* 2009 Christian St
5. *Full Name of Mother,* Kathe Warnhann
6. *Mother's Maiden Name,* Kathe Maier
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Warnhann
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Frederike Reuter midwife

Address, 216 W. Pratt St

Remarks,

8950004461

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, she shall set forth as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 6685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July Thu 2 - 1896
4. *Place of Birth, (Street and Number)* Pulaski st № H-23
5. *Full Name of Mother,* idary A Paul
6. *Mother's Maiden Name,* idary A Label
7. *Mother's Birthplace,* Baltimoad
8. *Full Name of Father,* John Paul
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimoa

Name of Medical Attendant, or other person who makes this Return, Mrs D Keller

Address, № 19-22 Wilkins Av

Remarks,

BV5000044462

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66828

GIVEN NAME ADDED 10-15-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary ~~Wilhelmina~~ Schuster

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 3 of July 1895
4. *Place of Birth, (Street and Number)* 1335 E Charles St
5. *Full Name of Mother,* annie Schuster
6. *Mother's Maiden Name,* annie Knöer
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Joseph L Schuster
9. *Father's Occupation* Police Officer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Katie Minnich

Address, 800 Leadenhall Street.

Remarks,

8 9 5 0 0 0 1 4 6 3

Wm. C. Dulany Co., City Printers and Stationers.

Which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July the 4 18-95
4. *Place of Birth, (Street and Number)* Wilkins Av 1922-24
5. *Full Name of Mother,* Mary E Bowers
6. *Mother's Maiden Name,* Mary E Tuttle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Bowers
9. *Father's Occupation* Box maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelly

Address, 1922 Wilkins Av

Remarks,

8950004464

Wm. J. C. Dulany Co., City Printers and Stationers.

ed the full name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 2 1915
4. *Place of Birth, (Street and Number)* 2116 Orleans St
5. *Full Name of Mother,* Margaret Osina
6. *Mother's Maiden Name,* Margaret Bigas
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles Osina
9. *Father's Occupation* Bar Keeper
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary E. Gorman

Address, 116 S Frederick Ave

Remarks,

' 8950004465

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Mulatto.
3. *Date of Birth,* July 7, 1893
4. *Place of Birth, (Street and Number)* 714 Luzerne St.
5. *Full Name of Mother,* Mary Hutson.
6. *Mother's Maiden Name,* Mary Murphy.
7. *Mother's Birthplace,* Buffalo
8. *Full Name of Father,* Joseph Hutson
9. *Father's Occupation* Boat Builder.
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 Canton St.

Remarks,

B 7 5 0 0 0 4 4 6 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

every child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) —

1. *Sex, (state whether male or female)* — Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* — July 2 '95
4. *Place of Birth, (Street and Number)* — 1612 Walker St
5. *Full Name of Mother,* — Maggie Seatzpike Fitzgerald
6. *Mother's Maiden Name,* — Balto Md
7. *Mother's Birthplace,* — Charles Seatzpike
8. *Full Name of Father,* — Trimmer
9. *Father's Occupation* — Germany
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, — Caroline Miller

Address, — 1605 Walker St

Remarks, —

Be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

B 9 5 0 0 0 4 4 6 7

GIVEN NAME ADDED 6-7-55

RETURN OF A BIRTH. 66833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Myrtle Evans

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 3rd 1895
4. *Place of Birth, (Street and Number)* 1102 N Carey St
5. *Full Name of Mother,* Margt Evans
6. *Mother's Maiden Name,* Benjamin
7. *Mother's Birthplace,* Balto Co
8. *Full Name of Father,* John Evans
9. *Father's Occupation,* Builder
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Chas E Sadtler

Address, 1839 Bolton St.

Remarks,

8 9 5 U 0 0 4 4 6 8

Wm J C. Dulany Co., City Printers and Stationers.

...ber of its parents, the date and place of birth; and the ...tioner in the form of a certificate between the first and ...missioner of Health. In case the birth of any child ...titioner of midwifery, or should no other person be in ...shall become the duty of the person or parents of such ...the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 3 '95
4. *Place of Birth, (Street and Number)* 502 Linganore St
5. *Full Name of Mother,* Caroline Rottger
6. *Mother's Maiden Name,* Kuehne
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Louis Rottger
9. *Father's Occupation* Trunk Maker
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St.

Remarks,

Wm. J. C. Dulany Co,. City Printers and Stationers.

8 9 5 0 0 0 4 4 6 9

...can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ertained the full name of each child, if any shall have
tion of its parents, the date and place of birth; and the
titioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
ractioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
in the manner and within the period above required, and
omply with the provisions of this section shall be sub-
e recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 4 '95
4. *Place of Birth, (Street and Number)* 621 N Gallington Ave
5. *Full Name of Mother,* Louisa Stanton
6. *Mother's Maiden Name,* Gorner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mark E. Brown
9. *Father's Occupation* Saleosman
10. *Father's Birthplace,* Port Deposit Cecil Co Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St

Remarks,

been conferred) its sex, color, the full name and occupation of
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commis-
shall occur without the attendance of a physician or practitioner
attendance upon the mother, immediately thereafter it shall be
child to report its birth to the Commissioner of Health, in the
any such person or persons who shall hereafter fail to comply
jected to the fine of ten (10) dollars for each offence, to be

Wm. J. C. Dulany Co,. City Printers and Stationers.

8950004470

FILM

RETURN OF A BIRTH. 66836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 5 th.

1. *Sex*, (*state whether* male *or female*)
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, July 4. / 5. 15. A. M.
4. *Place of Birth*, (Street and Number) 2115. Hanover Street.
5. *Full Name of Mother*, Laura / Mathilde Archibald.
6. *Mother's Maiden Name*, Tennant.
7. *Mother's Birthplace*, Pleasant Valley - Gettysburg Pen.
8. *Full Name of Father*, Samuel / Edmond Archibald.
9. *Father's Occupation*, Blacksmith.
10. *Father's Birthplace*, Mount Washington Balto. Co.,

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kaul for the

Address, Mother Relief Society, 632. N. Fremont St.

Remarks, 8 9 5 0 0 0 4 4 7 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 4th 1895
4. *Place of Birth, (Street and Number)* 1819 W Lexington
5. *Full Name of Mother,* Juletta Smith "
6. *Mother's Maiden Name,* " Bussel "
7. *Mother's Birthplace.* Mass. Mass.
8. *Full Name of Father,* W. F. Smith "
9. *Father's Occupation,* Mattress Maker
10. *Father's Birthplace,* Mass.

Name of Medical Attendant, or other person who makes this Return, H. F. Bill

Address, 1101 Edmondson Ave

Remarks, —

8 9 5 0 0 0 4 4 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-21-55

RETURN OF A BIRTH. 66836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Theodore Franklin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 4th 1895
4. Place of Birth, (Street and Number) 1026 S. Sharp Balto Md
5. Full Name of Mother, Matilda Schwaab.
6. Mother's Maiden Name, " Roeneke
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Wm F. T. Schwaab
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Katie Münch.

Address, 808 Leadenhall Street

Remarks,

8 9 5 0 0 0 4 4 7 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been omitted) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 5 d.

1. *Sex*, (*state whether male or female*)
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, July 5. (9.30 P. M.).
4. *Place of Birth*, (*Street and Number*) 1623 W. Lanvale street.
5. *Full Name of Mother*, Katie Green,
6. *Mother's Maiden Name*, Byrne,
7. *Mother's Birthplace*, Roscommon - Ireland
8. *Full Name of Father*, John Green,
9. *Father's Occupation*, Laborer.
10. *Father's Birthplace*, Roscommon - Ireland

Name of Medical Attendant, or other person who makes this Return, Wm M. Kane for the

Address, Mother Relief Society - 632. N. Fremont Ave.

Remarks,

0 7 5 0 0 0 4 4 7 4

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 6th 1895
4. Place of Birth, (Street and Number) Maryland Lying in Hospital
5. Full Name of Mother, Sarah Jane Perry
6. Mother's Maiden Name, Sarah Jane O'Neill.
7. Mother's Birthplace, Penna
8. Full Name of Father, Edward Perry
9. Father's Occupation, Clerk
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Fawtown AB MD

Address, Maryland Lying in Hospital Linden Ave & Madison St

Remarks,

8950004475

Wm. J. C. Dulany Co., City Printers and Stationers.

...ertained the full name of each child, if any shall have ...n of its parents, the date and place of birth; and the ...ioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner in ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...been conferred) its sex, color, the full name and occupation of its ...

RETURN OF A BIRTH. 66841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, July 6th 95
4. Place of Birth, (Street and Number) 805 George St.
5. Full Name of Mother, Virginia Ringold
6. Mother's Maiden Name, Virginia Thomas
7. Mother's Birthplace, Md.
8. Full Name of Father, John Ringold
9. Father's Occupation, Driver
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, I. W. Keown.

Address, Maryland Lying-in Hospital.

Remarks,

B 9500004476

Wm J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 1 '95
4. *Place of Birth, (Street and Number)* Maria E Lammert
5. *Full Name of Mother,* " " Wyatt
6. *Mother's Maiden Name,* Balto Md
7. *Mother's Birthplace,* 1321 E. Fayette St
8. *Full Name of Father,* Henry E Lammert
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walbert St

Remarks,

Wm. J. C. Dulany Co,. City Printers and Stationers.

8950004477

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	6, of July
4. *Place of Birth, (Street and Number)*	505. E Eagar st
5. *Full Name of Mother,*	Mary Jane Mulgrew
6. *Mother's Maiden Name,*	Mary Jane Murphy
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward F Mulgrew
9. *Father's Occupation*	Watchman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Annie O Brien
Address,	551 Greenmount ave
Remarks,	

8750004478

Wm. J. C. Dulany Co., City Printers and Stationers.

Month, &c., and as nearly as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or person in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 7. (3. P. M.).
4. *Place of Birth, (Street and Number)* 1232 Columbia Ave.
5. *Full Name of Mother,* Alice Virginia Höer
6. *Mother's Maiden Name,* Tobey
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Wilhelm Höer,
9. *Father's Occupation,* Boxmaker.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kane, for the

Address, Mothers Relief Society, 632. N. Fremont Ave.

Remarks,

0 9 5 0 0 0 4 4 7 9

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 7th 1895
4. *Place of Birth, (Street and Number)* Md Lying-in Hospital
5. *Full Name of Mother,* Georgiana Toogood
6. *Mother's Maiden Name,* Georgiana Gardiner
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James A Toogood
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return. J. McKeown AB. MD.

Address, Md Lying-in Hospital - Linden Ave & Mad St

Remarks,

Mother died - Puerperal Eclampsia 3rd D

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th.

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 7th July 1895.

4. *Place of Birth, (Street and Number)* 2026 Canton Avenue

5. *Full Name of Mother,* Agata Kubecka

6. *Mother's Maiden Name,* Busgreifski

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Julius Kubecki

9. *Father's Occupation* Saloon

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm. D. Tiersenwirt

Address, 1208 Hoen Street

Remarks, 8750001401

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 7th July 1895
4. *Place of Birth, (Street and Number)* 540 E Eden Ave
5. *Full Name of Mother,* Josephine Harrison
6. *Mother's Maiden Name,* Benton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Preston Harrison
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Agnew

Address, 436 E Fort Ave

Remarks,

8750041482

Wm. J. C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 a.

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* July 7. 1 6. 30. P. M.

4. *Place of Birth, (Street and Number)* 720 W. Weststreet.

5. *Full Name of Mother,* Annie Rebecca Prinz.

6. *Mother's Maiden Name,* Kolb.

7. *Mother's Birthplace,* Annapolis,

8. *Full Name of Father,* George Prinz,

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kaune for the

Address, Mother Relief Society, 632 N. Fremont Ave.

Remarks,

8 4 5 0 0 0 4 4 8 3

Wm J C. Dulany Co., City Printers and Stationers.

been conferred his sex, color, the full name and
said schedule shall be delivered, duly signed by
third day of each and every month to the office of
shall occur without the attendance of a physician
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health,
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-9-56

RETURN OF A BIRTH. 66849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Julia Anna Schultz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 1/2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th of July 95
4. Place of Birth, (Street and Number) 313 Bentalou St.
5. Full Name of Mother, Dorothea Schultz
6. Mother's Maiden Name, Dorothea Lösch
7. Mother's Birthplace, Germany
8. Full Name of Father, Ernst Schultz
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friedesike Kauler Midwife

Address, 2116 W. Pratt St

Remarks,

B 7 5 0 0 0 4 4 0 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

Mother, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7th July 95
4. *Place of Birth, (Street and Number)* 1806 Lamon St
5. *Full Name of Mother,* Amalia Wells
6. *Mother's Maiden Name,* Amalia Post
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* James J. Wells
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W Pratt St.

Remarks,

8950004485

Wm. J. C. Dulany Co,. City Printers and Stationers.

be ascertained the full name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d ~~the~~ 9. 189.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9a. 1896.
4. *Place of Birth, (Street and Number)* Baltimore Md. West H. 338.
5. *Full Name of Mother,* Lizzie Muth
6. *Mother's Maiden Name,* Hoffman
7. *Mother's Birthplace,* ~~in~~ Kenal Kalden Reisen Bachfeld Germany
8. *Full Name of Father,* Henry Muth
9. *Father's Occupation* Trimmer or Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, M E Bouce

Address, 711 W. Conn. ct

Remarks,

84500044486

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July the 8-18-95
4. Place of Birth, (Street and Number) Harrison st No 2-12
5. Full Name of Mother, Mary A Grace
6. Mother's Maiden Name, Mary A Wilbecker
7. Mother's Birthplace, Philadelphy
8. Full Name of Father, Phillip Grace
9. Father's Occupation Bricklayer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, 1922 Wilkins Av

Remarks,

0 7 5 0 0 0 1 4 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Mother, the Sheriff shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ascertained the full name of each child, (if any shall have
upation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
r practioner of midwifery, or should no other person be in
. it shall become the duty of the person or parents of such
h, in the manner and within the period above required, and
o comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 06853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male / M Shield
2. *Race or Color, (if not of the white race)* White /
3. *Date of Birth,* Geboren 8 Juli / 95
4. *Place of Birth, (Street and Number)* Fleet Str. No 901.
5. *Full Name of Mother,* Mary Kamikoska.
6. *Mother's Maiden Name,* D Medhen Popotka
7. *Mother's Birthplace,* Poland.
8. *Full Name of Father,* Walys Popotki
9. *Father's Occupation* Arb / Galizi
10. *Father's Birthplace,* Poland.

Name of Medical Attendant, or other person who makes this Return, Agnes Stadolna

Address, Thames Str No 1635

Remarks, Lond

8950004488

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 8th

1. *Sex*, (*state whether male or female*) Female

2. *Race or Color*, (*if not of the white race*)

3. *Date of Birth*, July 8th 1895

4. *Place of Birth*, (*Street and Number*) 343 Falls Road. Hampden

5. *Full Name of Mother*, Victoria Sullivan

6. *Mother's Maiden Name*, Victoria Stewart

7. *Mother's Birthplace*, Scotland

8. *Full Name of Father*, Daniel Sullivan

9. *Father's Occupation*, Foreman in cotton factory

10. *Father's Birthplace*, Ireland

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M.D.

Address, 421 Roland Ave. Hampden

Remarks,

1895 0008889

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Geboren 8 Juli 95.
4. *Place of Birth, (Street and Number)* Fell Str. No 901.
5. *Full Name of Mother,* Mary Chrzanowska
6. *Mother's Maiden Name,* Medken
7. *Mother's Birthplace,* Poland.
8. *Full Name of Father,* Dzian Chrzanowski
9. *Father's Occupation* Actor Editor
10. *Father's Birthplace,* Poland.

Name of Medical Attendant, or other person who makes this Return, Agnes Hadolna

Address, Thames str. No 603.

Lo yet.

Remarks, 8 9 5 0 0 0 4 4 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

...mother, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the Commissioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 te

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 te of July 95
4. *Place of Birth, (Street and Number)* 2109 Mary Ann St.
5. *Full Name of Mother,* Lina Freuchel
6. *Mother's Maiden Name,* Lina Falkenstein
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Paul Freuchel
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W. Pratt St

Remarks,

8950004491

Wm. J. C. Dulany Co,. City Printers and Stationers.

be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Geboren Juli 9/95
4. *Place of Birth, (Street and Number)* E. Bond str. No 116
5. *Full Name of Mother,* Hegi Poland
6. *Mother's Maiden Name,* Hedwig Janowiak.
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Hendry Janowiak.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Agnes Adalski.

Address, Thames str. No 1635.

Remarks, Ungrat.

0 7 5 0 0 0 1 4 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 9th 1895
4. Place of Birth, (Street and Number) 213 W 23rd St
5. Full Name of Mother, Mary Lowlar Bunday
6. Mother's Maiden Name, Mary Lowlar
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Bunday
9. Father's Occupation Fireman on Rail Road
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Geo H Everhart MD

Address, 1000 W 36th St

Remarks,

8 9 5 0 0 0 4 4 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male + female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 9th 1895
4. *Place of Birth, (Street and Number)* 125 N. Front st.
5. *Full Name of Mother,* Lobbie Herman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Judah Herman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

3950004494

Wm. J. C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 9 1895
4. *Place of Birth, (Street and Number)* 632 Gold St
5. *Full Name of Mother,* Katie Saunders
6. *Mother's Maiden Name,* Katie Long
7. *Mother's Birthplace,* Howard County
8. *Full Name of Father,* Henry Saunders
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* St Mary's County

Name of Medical Attendant, or other person who makes this Return.

Address, 1128 W. J. Stockley 781 Cumberland St cor Fd

Remarks,

1895 0004495

Wm. J. C. Dulany Co,. City Printers and Stationers.

s sex, color, the full name and occu
l be delivered, duly signed by the pr
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
any day of each and every month to the office of the Commissioner of Health. In case the birth of any child
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 9th / 95
4. *Place of Birth, (Street and Number)*	1926 McCulloh St
5. *Full Name of Mother,*	Clara Smith
6. *Mother's Maiden Name,*	Clara Ring
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Isaac Smith
9. *Father's Occupation*	Merchant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	H. Hinkins
Address,	400 Cathedral St.
Remarks,	

B 45000 4496

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 66862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 9th "
4. Place of Birth, (Street and Number) 921 Boyd st
5. Full Name of Mother, Deana Hackman
6. Mother's Maiden Name, " Hullankamp
7. Mother's Birthplace, Germania
8. Full Name of Father, Joseph Hackman
9. Father's Occupation, Laborer
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return. Mrs. O'Hayer

Address, 924 Hollins st

Remarks,

B45U004497

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 9th July 1895.

4. *Place of Birth, (Street and Number)* 1236 Canton street.

5. *Full Name of Mother,* Hele Zawerska

6. *Mother's Maiden Name,* Zawratska

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Frank Zawerski

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs D Zeisemann

Address, 1208 Hare street.

Remarks,

0 9 5 0 0 0 1 4 9 8

mouth, and shall set forth as far as the same can be ascertained the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and all become the duty of midwifery, or should no other person be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 9th 1895
4. *Place of Birth, (Street and Number)* 217 Preston St.
5. *Full Name of Mother,* Mary Slicka
6. *Mother's Maiden Name,* Rosinczyk
7. *Mother's Birthplace,* Joseph Slicka
8. *Full Name of Father,* Tayla
9. *Father's Occupation* Bohemian
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mary Kapter

Address, 205 N Washington St

Remarks,

0750004499

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 9 95
4. *Place of Birth, (Street and Number)* 966 Washington Street
5. *Full Name of Mother,* Amelia Field
6. *Mother's Maiden Name,* Anna Murrell
7. *Mother's Birthplace,* Lynchburg Virginia
8. *Full Name of Father,* William Field
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Geo. Wobbie M. D.

Address, The Johns Hopkins Hospital

Remarks,

8 7 5 0 0 0 1 5 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8-d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, July 10. / 9.15. A. M.
4. Place of Birth, (Street and Number) 131. E. Clement Str..
5. Full Name of Mother, Margarette Bald.
6. Mother's Maiden Name, Korn.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, George Bald.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Mass. U.S.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kenna for the

Address, Mothers Relief Society, 632. N. Fremont ave.

Remarks,

8750001501

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 10
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

0 7 5 0 0 0 4 5 0 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-27-57

RETURN OF A BIRTH. 66868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Naomi Freburger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 10th July 1895
4. *Place of Birth, (Street and Number)* 1436 Riverside Ave
5. *Full Name of Mother,* Kate C. C. Gorwell
6. *Mother's Maiden Name,* Freburger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry J. Freburger
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Gerwell

Address, 436 E Fort Ave

Remarks,

8475004503

been conferred) its sex, color, the full name of each child, (if any shall have
of its parents, the date and place of birth; and the
ner in the form of a certificate between the first and
missioner of Health. In case the birth of any child
ner of midwifery, or should no other person be in
ll become the duty, of the person or parents of such
e manner and within the period above required, and
y with the provisions of this section shall be sub-
covered as other fines and forfeitures are recoverable.
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissio
shall occur without the attendance of a physician or practioner of
attendance upon the mother, immediately thereafter it shall becom
child to report its birth to the Commissioner of Health, in the manne
any such person or persons who shall hereafter fail to comply with
jected to the fine of ten (10) dollars for each offence, to be recovered

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-26-55

RETURN OF A BIRTH. 66869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Arthur Lang

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 10th -1895
4. Place of Birth, (Street and Number) 45 E. Williamson St.
5. Full Name of Mother, Mary Dorathea Lang
6. Mother's Maiden Name, Martens
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Lang
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Ratis Münch.

Address, 800 Leadenhall Street

Remarks,

8950001504

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	males
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July the 10 " 1895
4. *Place of Birth, (Street and Number)*	Woodyard at 10 3-29
5. *Full Name of Mother,*	Mary E Gannon
6. *Mother's Maiden Name,*	Mary E madden
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John A madden
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelley
Address,	1019-22 Wilkins Ave
Remarks,	

B 7 5 0 0 0 4 5 0 5

I certify that I attended the birth of this child, who was born alive at the above stated time.

Signature of Medical Attendant.

I certify that I was present at the birth of this child, who was born alive at the above stated time.

Signature of Person making this Return.

Residence.

Date of Return.

Wm. J. C. Dulany Co., City Printers and Stationers

...ained the full name of each child, if any shall have ...month, and shall set forth as far as the same can be ascertained ...n of its parents, the date and place of birth, and the ...been conferred) its sex, color, the full name and occupation of its ...said schedule shall be delivered, duly signed by the practitioner in ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 10th 95
4. *Place of Birth, (Street and Number)* 612 Cumberland st.
5. *Full Name of Mother,* Lillian May Moran
6. *Mother's Maiden Name,* " " Sullivan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas. E. Moran
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, D. F. Finney.

Address, 2414 O'Donnell.

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

0750001506

Name and occupation of its parents, the date and place of birth; and the ... been conferred; its sex, color, the full name and ... said schedule shall be delivered, duly signed by ... (third day of each and every month to the office of ... shall occur without the attendance of a physician ... attendance upon the mother, immediately thereafter ... child to report its birth to the Commissioner of Health, ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 te
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	10 te of July 95
4. *Place of Birth, (Street and Number)*	1834 Lombard St.
5. *Full Name of Mother,*	Lena Braun
6. *Mother's Maiden Name,*	Lena Dehner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Braun
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Friederike Henker Midwife
Address,	2116 W. Pratt St
Remarks,	

6 7 5 0 0 0 4 5 0 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 10th 1895.
4. *Place of Birth, (Street and Number)* 953 N Washington Ave
5. *Full Name of Mother,* Mary Stub
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Stub
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Hopkins

Address, 206 N Washington Ave

Remarks,

8950004508

Wm. J. C. Dulany Co., City Printers and Stationers.

and occupation of its parents, the date and place of birth, and the
by the practitioner in the form of a certificate between the first and
office of the Commissioner of Health. In case the birth of any child
sician or practioner of midwifery, or should no other person be in
hereafter it shall become the duty of the person or parents of such
of Health, in the manner and within the period above required, and
fail to comply with the provisions of this section shall be sub-
offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-18-66
RETURN OF A BIRTH. 66834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Wilhelmina Velaska Aij

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10"=

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 10 Juli 1895
4. Place of Birth, (Street and Number) Locus-point 1415 Garett Ave
5. Full Name of Mother, Julie Aij
6. Mother's Maiden Name, v. Waszewey
7. Mother's Birthplace, Yermany
8. Full Name of Father, Otto Aij
9. Father's Occupation Maschinist
10. Father's Birthplace, Yermany

Name of Medical Attendant, or other person who makes this Return, Hebamme Mrs H Krun

Address, 1922 E Fayette Street

Remarks, —

8950004509

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 66875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 10 - 95
4. *Place of Birth, (Street and Number)* 264 Roberts St
5. *Full Name of Mother,* Lilly Turner Earickson
6. *Mother's Maiden Name,* Lilly Turner
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Elliott Earickson
9. *Father's Occupation,* Book-Keeper
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return, Robt W Mifflen MD

Address, 402 Cathedral St

Remarks,

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 11 - 95

4. Place of Birth, (Street and Number) 906 N. Gay St

5. Full Name of Mother, Minnie A. Goetze

6. Mother's Maiden Name, " " Martini

7. Mother's Birthplace, Germany

8. Full Name of Father, Wm F. Goetze

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N. Bond St

Remarks, 695004511

Wm J C. Dulany Co., City Printers and Stationers.

...pation of its parents, the date and place of birth; and the ...ical attendant, if any, or other person who makes the return, ...ts sex, color, the full name and occupation of the parents, ...delivered, duly signed by the practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 11 95
4. *Place of Birth, (Street and Number)* 134 N. Wolfe St.
5. *Full Name of Mother,* Elizabeth Hudson
6. *Mother's Maiden Name,* Elizabeth Haney
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Hudson
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Geary, E. Perry

Address, 768 Fulton Ave

Remarks,

8950004512

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11th July
4. *Place of Birth, (Street and Number)* 607 Warner St
5. *Full Name of Mother,* May Francis Weisgerber
6. *Mother's Maiden Name,* " Biddison
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Weisgerber
9. *Father's Occupation* Paper Hanger
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, ~~607 Warner St~~ Balto

Remarks,

8950004513

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11th of July 95
4. *Place of Birth, (Street and Number)* 503 Frederick Road
5. *Full Name of Mother,* Mary Pitsch
6. *Mother's Maiden Name,* Mary Knabe
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Thomas Pitsch
9. *Father's Occupation* Maschenist
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Heuler Midwife

Address, 2116 W Pratt St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 66880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 11th
4. *Place of Birth, (Street and Number)* 927 Hollins St
5. *Full Name of Mother,* Annie M Filzpatrick
6. *Mother's Maiden Name,* " " Lynch
7. *Mother's Birthplace,* Washington, D. C
8. *Full Name of Father,* John A. Filzpatrick
9. *Father's Occupation,* Book keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. O'Hayer

Address, 924 Hollins St

Remarks,

5 9 5 0 0 0 2 5 1 5

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

ertained, the full name of each child, (if any shall have
ion of its parents, the date and place of birth; and the
itioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
actioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
the manner and within the period above required, and
mply with the provisions of this section shall be sub-
recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Florence Louise Stegman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 July 95
4. *Place of Birth, (Street and Number)* 639 Mulberry
5. *Full Name of Mother,* Anna Susan Stegman
6. *Mother's Maiden Name,* Feldhaus
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Stegman
9. *Father's Occupation* Clerk
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, A W Heisman MD

Address, 232 Park Ave Baltimore

Remarks, GIVEN NAME ADDED 2-18-54 h.m.

8750004516

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race)
3. Date of Birth, 11th July 1895
4. Place of Birth, (Street and Number) 1416 Boston st
5. Full Name of Mother, Barbara Reichwaldt
6. Mother's Maiden Name, Petrowitz
7. Mother's Birthplace, Germany
8. Full Name of Father, Stanislaw Reichwaldt
9. Father's Occupation Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. F. Sierszenann.

Address, 1208 Pace street.

Remarks,

0750004517

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* July 11 th
4. *Place of Birth, (Street and Number)* 1611 Mount st
5. *Full Name of Mother,* Lavinia Boswell
6. *Mother's Maiden Name,* Washington
7. *Mother's Birthplace,* Lincoln Park
8. *Full Name of Father,* Coachman
9. *Father's Occupation,* Washington
10. *Father's Birthplace,* Johnson

Name of Medical Attendant, or other person who makes this Return, Mrs Bryant

Address, 704 Tyson st

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 66884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth;* July 12th 1895
4. *Place of Birth, (Street and Number)* 115 S. Exeter st.
5. *Full Name of Mother,* Fannie Finneberg
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Morris Tineberg
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs L. Bernstein

Address, 122 S. Exeter st.

Remarks,

0950004519

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 66885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 12th 1895
4. Place of Birth, (Street and Number) Maryland Lying-in Hospital
5. Full Name of Mother, Anna Lee
6. Mother's Maiden Name, Anna Lee
7. Mother's Birthplace, Virginia
8. Full Name of Father, Unknown
9. Father's Occupation, Unknown
10. Father's Birthplace, unknown

Name of Medical Attendant, or other person who makes this Return, Unknown. M.D.

Address, Maryland Lying-in Hospital - Linden Ave

Remarks,

1895000 1520

Wm J C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the time of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th.

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 19 th July 1895.
4. *Place of Birth, (Street and Number)* 1028 Keller street.
5. *Full Name of Mother,* Ida Brand.
6. *Mother's Maiden Name,* Ida Esse
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Wilhelm Brand
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Wm P Leesemann

Address, 1208. Hart street.

Remarks,

0750045271

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RETURN OF A BIRTH. 66887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 17th 1895
4. Place of Birth, (Street and Number) Md Lying-in Hospital
5. Full Name of Mother, Sallie J Banks.
6. Mother's Maiden Name, same
7. Mother's Birthplace, Virginia
8. Full Name of Father, unknown
9. Father's Occupation, unknown
10. Father's Birthplace, unknown

Name of Medical Attendant, or other person who makes this Return, Forrest A Bell M.D.

Address, Maryland Lying-in Hospital Linden Ave

Remarks,

6 9 5 0 0 0 4 5 2 2

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 12 - 95
4. Place of Birth, (Street and Number) 1031 N Gay St
5. Full Name of Mother, Sophia A. Danz
6. Mother's Maiden Name, " " Gerbes
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry P. Danz
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N. Bond St

Remarks,

8 9 5 0 0 0 4 5 2 3

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 m

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12th of July 95
4. *Place of Birth, (Street and Number)* 26 Stafford St
5. *Full Name of Mother,* Mary Scott
6. *Mother's Maiden Name,* Mary Gilbert
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Fred Scott
9. *Father's Occupation* Stonemason
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Lieversike Keules Midwife

Address, 216 W. Pratt St

Remarks,

0 9 5 0 0 0 4 5 2 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 12 - 95
4. Place of Birth, (Street and Number) 1732 E. Madison St
5. Full Name of Mother, Ella J. Clautice
6. Mother's Maiden Name, " J. Powell
7. Mother's Birthplace, Balto
8. Full Name of Father, John F. Clautice
9. Father's Occupation, Paper Hanger
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwee

Address, 1438 N. Bond St

Remarks,

U 7 5 0 0 0 4 5 2 5

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	12 Juli 1895
4. *Place of Birth, (Street and Number)*	312 Castel Street
5. *Full Name of Mother,*	Saphia Schaake
6. *Mother's Maiden Name,*	Hildesin
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Schaake
9. *Father's Occupation*	Porter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mitwife Mrs H. Kirn
Address,	1922. E Fayette Street
Remarks,	— — —

0950004526

Wm. J. C. Dulany Co., City Printers and Stationers.

been collected its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 12/95
4. *Place of Birth, (Street and Number)*	2823 N. Fulton Ave.
5. *Full Name of Mother,*	Mrs Frank Aug Normann
6. *Mother's Maiden Name,*	Ida Scott
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Frank Aug Normann
9. *Father's Occupation*	Upholsterer
10. *Father's Birthplace,*	Balto, Md.
Name of Medical Attendant, or other person who makes this Return,	E. A. Smith M.D.
Address,	2505 Penna Ave
Remarks,	

8750004527

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66893 V

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 12, 1893
4. *Place of Birth, (Street and Number)* 2548 Canton Ave.
5. *Full Name of Mother,* Lizzie Jansen
6. *Mother's Maiden Name,* Lizzie Thrise.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Jacob Jause.
9. *Father's Occupation* Store Keeper.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 Canton St.

Remarks,

6 8 9 5 0 0 0 4 5 2 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

Each conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH. 66894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex, (state whether male or female)* Male - Friedrich Heyn Kelly
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 12, 1895.
4. *Place of Birth, (Street and Number)* 1406 Eutaw Place.
5. *Full Name of Mother,* Laetitia Kelly.
6. *Mother's Maiden Name,* Laetitia Bredow.
7. *Mother's Birthplace,* Stettin Germany
8. *Full Name of Father,* Howard A. Kelly.
9. *Father's Occupation,* Physician.
10. *Father's Birthplace,* Camden, N. J.

Name of Medical Attendant, or other person who makes this Return. Howard A. Kelly.

Address,

Remarks,

6 7 5 0 0 7 5 2 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in attendance upon the mother, immediately thereafter, to the office of or practitioner in the form of a certificate between the first and third day of each and every month of a physician or midwife, if such birth shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 66895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 13th 1895
4. Place of Birth, (Street and Number) Maryland Lying-in Hospital
5. Full Name of Mother, Laura Lawes
6. Mother's Maiden Name, Laura Frazier
7. Mother's Birthplace, Virginia
8. Full Name of Father, Ralph Lawes
9. Father's Occupation, Sailor
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, L. W. Keoan M.D. 1162

Address, Maryland Lying-in Hospital Linden Ave

Remarks, 8950000530

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name and occupation of its parents, the date and place of birth; and the said physician or midwife shall furnish a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

EDWIN CHRISTIAN YOUNG

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 13th 1895
4. *Place of Birth, (Street and Number)* 1900 Bank St
5. *Full Name of Mother,* Katie Young
6. *Mother's Maiden Name,* Katie Friedlander
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Young
9. *Father's Occupation* machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Wolph C Eisenberg AB MD

Address, N. E. Cor Bank & Wolfe Sts

Remarks,

0 0 5 0 0 0 4 5 3 DATE FILED: 1895

Been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 13 1895
4. *Place of Birth, (Street and Number)* 1228 Columbia Ave
5. *Full Name of Mother,* Charlotte E Wells
6. *Mother's Maiden Name,* Charlotte E Mitchell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Wm Wells
9. *Father's Occupation* Solicitor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 806 Leadenhall Street

Remarks,

B 7500 0 1532

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	male - William Clarence Weighrauch
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July the 13-1899
4. *Place of Birth, (Street and Number)*	Ramsey st No 18-S
5. *Full Name of Mother,*	Weihrauch mary E weighrauch
6. *Mother's Maiden Name,*	mary E leady
7. *Mother's Birthplace,*	Broadway V A
8. *Full Name of Father,*	Weighrauch William Lee weighrauch
9. *Father's Occupation*	Letter carrier
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelley
Address,	No 1922 Wilkins Ave
Remarks,	

0750004533

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 66899

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	July 13 th.
4. *Place of Birth, (Street and Number)*	1507 N Stricker St.
5. *Full Name of Mother,*	Mollie Kennick.
6. *Mother's Maiden Name,*	Mollie Moore.
7. *Mother's Birthplace,*	St Marys County.
8. *Full Name of Father,*	John Kennick.
9. *Father's Occupation,*	Gripman.
10. *Father's Birthplace,*	St Marys County.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Wheeler.
Address,	
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. 66900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 13th 1895
4. *Place of Birth, (Street and Number)* S. High st.
5. *Full Name of Mother,* Carrie Ginsburg
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Morris Ginsburg
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

1895 000 4535

Wm. J. C. Dulany Co., City Printers and Stationers

...e can be ascertained the full name of each child, (if any shall have ... and occupation of its parents, the date and place of birth; and the ... by the practitioner in the form of a certificate between the first and ... office of the Commissioner of Health. In case the birth of any child ... sician or practioner of midwifery, or should no other person be in ... hereafter it shall become the duty of the person or parents of such ... of Health, in the manner and within the period above required, and ... fail to comply with the provisions of this section shall be sub- ... offence, to be recovered as other fines and forfeitures are recoverable.

... been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 13th 1895
4. *Place of Birth, (Street and Number)* Maryland Lying-in Hospital.
5. *Full Name of Mother,* Maggie Mannion
6. *Mother's Maiden Name,* Maggie Mannion
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* unknown
9. *Father's Occupation,* unknown
10. *Father's Birthplace,* unknown

Name of Medical Attendant, or other person who makes this Return. Thomas Wm Keown A.B. M.D

Address, Maryland Lying-in Hospital Linden Ave

Remarks,

0 7 5 0 0 0 4 5 3 6

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th [redacted]

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 July 1895
4. *Place of Birth, (Street and Number)* 1106 Burgundy st. 95
5. *Full Name of Mother,* Mary Elitteturk Steinfort
6. *Mother's Maiden Name,* " " Downs.
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* John Fredrick Steinfort
9. *Father's Occupation* Cooper.
10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 1111 Gay st

Remarks,

0 7 5 0 0 0 4 5 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

(Upon the birth of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13th July 95
4. *Place of Birth, (Street and Number)* 631 W Hamburg St
5. *Full Name of Mother,* Margaret C. Heidenstam
6. *Mother's Maiden Name,* Malgaret C. O'Neill
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles E. Heidenman
9. *Father's Occupation* Police Officer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bunge

Address, 911 W Cross st

Remarks,

B 7 5 0 0 0 4 5 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th.

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* July 13. (9.30. P. M.)

4. *Place of Birth, (Street and Number)* 1003 Clarkson Street.

5. *Full Name of Mother,* Mary Agnes Burns

6. *Mother's Maiden Name,* Fox

7. *Mother's Birthplace,* Roscommon - Ireland

8. *Full Name of Father,* Tim Burns

9. *Father's Occupation,* Reporter

10. *Father's Birthplace,* Roscommon - Ireland.

Name of Medical Attendant, or other person who makes this Return, Wm. H. Kane for the

Address, Women Relief Society 1632 N. Fremont Ave.

Remarks,

8 4 5 0 0 0 4 5 3 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 14/95
4. *Place of Birth, (Street and Number)* 219 S Stiles St
5. *Full Name of Mother,* Annie L. Adolph
6. *Mother's Maiden Name,* Annie L Auter
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* William G Adolph
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Katie Winch.

Address, 800 Leadenhall Street

Remarks,

8 7 5 0 0 0 4 5 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (~~if not of the white race~~)*
3. *Date of Birth,* July 14/95
4. *Place of Birth, (Street and Number)* 1841 N. Caroline St
5. *Full Name of Mother,* Mary C. Dehmert
6. *Mother's Maiden Name,* " Reed
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Frank C. Dehmert
9. *Father's Occupation* Gro. Store Keeper
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. Stuart

Address, 1502 N. Broadway

Remarks, Dr. Stuart.

B 95000454 1

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 12-16-60

RETURN OF A BIRTH. 66907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~Florence Estelle~~ Waggner

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) 7th
3. Date of Birth, July (14) - 95 - 14 th
4. Place of Birth, (Street and Number) 1054 N Gay St
5. Full Name of Mother, Lillie (Wagner) Waggner
6. Mother's Maiden Name, " Willard
7. Mother's Birthplace, Gettysberg Pa
8. Full Name of Father, Harry W. (Wagner) Waggner
9. Father's Occupation, Shirt Cutter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N Bond St

Remarks,

8 9 5 0 0 0 4 5 4 2

Wm J C. Dulany Co., City Printers and Stationers.

...pation of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ... Commissioner of Health. In case the birth of any child ...practitioner of midwifery, or should no other person be in ...it shall become the duty of the person or parents of such ...h, in the manner and within the period above required, and ... to comply with the provisions of this section shall be sub- ...be recovered as other fines and forfeitures are recoverable.

...ngth conferred by its sex, color, the full name and occupation ... said schedule shall be delivered, duly signed by the practitio... third day of each and every month to the office of the Comm... shall occur without the attendance of a physician or practit... attendance upon the mother, immediately thereafter it sha... child to report its birth to the Commissioner of Health, in th... any such person or persons who shall hereafter fail to com... jected to the fine of ten (10) dollars for each offence, to be rec...

RETURN OF A BIRTH. 6908

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 14th. 4 55 P. M. 1895
4. *Place of Birth (Street and Number)* 629 S. Wolfe St.
5. *Full Name of Mother* Margaret Featherman
6. *Mother's Maiden Name* Margaret Martins
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Alex Featherman
9. *Father's Occupation* Merchant.
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. James Edmiller M.D.

Address 1701 Balto St East

Remarks

8950004543

The City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the

Another democrat.

RETURN OF A BIRTH. 66709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 15th 95
4. Place of Birth, (Street and Number) #926 S. Sharp St.
5. Full Name of Mother, Mary Loewer.
6. Mother's Maiden Name, Mary Bauer.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas. M. Loewer.
9. Father's Occupation Clerk.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Bauer

Address, 711 W. Conway

Remarks, 8250001544

been conferred, its sex, color, the full name and occupation of its
of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the name (if any has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3te

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15th of July 95
4. *Place of Birth, (Street and Number)* 2. Beck Lane
5. *Full Name of Mother,* Kathe Mc Glaglin
6. *Mother's Maiden Name,* Kathe Gannon
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Mc Glaglin
9. *Father's Occupation* Bresmaker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler midwife

Address, 2116 W Pratt St.

Remarks,

8950004545

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 66911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 15 '95
4. *Place of Birth, (Street and Number)* 160 Walker St
5. *Full Name of Mother,* Maggie Treschmann
6. *Mother's Maiden Name,* " French
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John Treschmann
9. *Father's Occupation* Cutter
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

8 9 5 0 0 0 4 5 4 6

RETURN OF A BIRTH. 66912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 15 '95
4. *Place of Birth, (Street and Number)* 166 Walker St
5. *Full Name of Mother,* Katie Miller
6. *Mother's Maiden Name,* Grace
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John George Muller
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Muller
1605 Walker St

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 5 0 0 0 4 5 4 7

n be ascertained the full name of each child, (if any shall have
mother, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-7-60

66913

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Frederick Luther Kahmer 1.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, July 15. (9.53 A. M.) 1895
4. Place of Birth, (Street and Number) 735 W. Balto. St.
5. Full Name of Mother, Annie Sophie Kahmer,
6. Mother's Maiden Name, Fander,
7. Mother's Birthplace, Mt Gohay ville, Va.
8. Full Name of Father, Phil. Louis Kahmer,
9. Father's Occupation, Music Studio.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kamm,

Address, 632 N. Fremont Ave.,

Remarks, 1895 00 0 15 48

Wm J C. Dulany Co., City Printers and Stationers.

The Commissioner of Health shall cause the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, July 15. 1910. A. M.
4. Place of Birth, (Street and Number) 2610 Mary street (Druid Hill Ave.)
5. Full Name of Mother, Mary Virginia De Greif,
6. Mother's Maiden Name, Kuehne,
7. Mother's Birthplace, Pikeland Township, Marion Co. Ohio.
8. Full Name of Father, Joseph Peter De Greif,
9. Father's Occupation, Electrician.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kaune,

Address, 632. N. Fremont Ave.

Remarks, 1895000045 49

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 4-2-57

RETURN OF A BIRTH. 66915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Stella Amelia ~~Herbst~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15th of July 95
4. Place of Birth, (Street and Number) 49 Wilkens Ave
5. Full Name of Mother, mina Herbst
6. Mother's Maiden Name, mina Fuchs
7. Mother's Birthplace, Germany
8. Full Name of Father, Paul Herbst
9. Father's Occupation Opolitzer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Heuler Midwife

Address, 2116 W Pratt St.

Remarks,

6750007550

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

66916

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2nd

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) Colored
3. *Date of Birth* July 6 1876
4. *Place of Birth*, (*Street and Number*) Maryl Balto St
5. *Full Name of Mother*, Elza Fuller
6. *Mother's Maiden Name*, Elza Fuller
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, " " "
9. *Father's Occupation*, " " "
10. *Father's Birthplace*, " " "

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Wicks

Address, Carroll pr Office Balto city

Remarks,

8 9 5 0 0 0 5 5 1

List of the Births which have occurred, (after the 1st of the 6th month, 1876,) in the City of Baltimore, with the full name and occupation of its parents, the date and place of birth, and the sex, color, and number of each child (if any) born at one birth; which list shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 6617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 Day of July 1895
4. *Place of Birth, (Street and Number)* 119 West Lombard St
5. *Full Name of Mother,* Amelia Schmidt
6. *Mother's Maiden Name,* Amelia Weyrich
7. *Mother's Birthplace,* Harford Co
8. *Full Name of Father,* J. Henry Schmidt
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mr Berge

Address, 711 W Green

Remarks,

8950004552

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 a.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 16. / 11. ½ P. M. /
4. *Place of Birth, (Street and Number)* 1234 Columbia Ave.
5. *Full Name of Mother,* Therese Ellen Dorsey,
6. *Mother's Maiden Name,* Magaha
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* George William Dorsey
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, Wm. H. Kane for me

Address, Woman's Relief Society, 632 N. Fremont Ave.

Remarks,

6 7 5 0 0 1 5 5 3

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 16th. 1895
4. *Place of Birth, (Street and Number)* Belair Ave. near Bowleys Lane
5. *Full Name of Mother,* Julia Bisco
6. *Mother's Maiden Name,* Miller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Bisco
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Wilhelmine Schmidt

Address, No. 7 Mine Bank Lane

Remarks, none

0750004554

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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be ascertained the full name of each child, if any shall have
cupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
practitioner of midwifery, or should no other person be in
r it, shall become the duty of the person or parents of such
h, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 16th, 1895
4. *Place of Birth. (Street and Number)* 43 Belair Ave,
5. *Full Name of Mother,* Mary Dollinger
6. *Mother's Maiden Name,* Bentzle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Dollinger
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, No. 7 Mine Bank Lane

Remarks, none

8 9 5 0 0 3 4 5 5 5

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. *Sex, (state whether male or female)* Female Mary
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 16d 1893
4. *Place of Birth, (Street and Number)* 1611 Ensor Street
5. *Full Name of Mother,* Alice Farley
6. *Mother's Maiden Name,* Alice Williams
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Farley
9. *Father's Occupation* Yard Master
10. *Father's Birthplace,* Newyork

Name of Medical Attendant, or other person who makes this Return, Lina Müller

Address, 1600 Holbrook Street City

Remarks,

0750004556

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 16th 1895.
4. Place of Birth, (Street and Number) 924 N. Durham
5. Full Name of Mother, Barbara Knocha
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, John Knocha
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kofstis

Address, 1 N Washington St

Remarks,

0 9 5 0 0 0 4 5 5 7

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 66923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 16th 1895
4. *Place of Birth, (Street and Number)* No 10 Marriott St
5. *Full Name of Mother,* Mary Bachman
6. *Mother's Maiden Name,* Mary Kohler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Cristoph Bachman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8950004558

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 child

1. Sex, (state whether male or female) feamel

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 16 1895

4. Place of Birth, (Street and Number) 542 2nd ave hampdens city

5. Full Name of Mother, catherine Insulvin

6. Mother's Maiden Name, berry

7. Mother's Birthplace, howard county

8. Full Name of Father, Johnn Esselvins

9. Father's Occupation labr

10. Father's Birthplace, Worchester county Va

Name of Medical Attendant, or other person who makes this Return,

Address, Martha King 575 Victory ave hampden city

Remarks,

0950001559

Wm. J. C. Dulany Co., City Printers and Stationers

Each contractor, in his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 16th 1895
4. Place of Birth, (Street and Number) Md Lying-in Hospital
5. Full Name of Mother, Maggie Halsey Merrick
6. Mother's Maiden Name, Maggie Halsey Hooper
7. Mother's Birthplace, Nth Carolina
8. Full Name of Father, William H. Merrick (deceased)
9. Father's Occupation, Minister M.E.
10. Father's Birthplace, Nth Carolina

Name of Medical Attendant, or other person who makes this Return, D. H. Keown MB. MD.

Address, Maryland Lying-in Hospital Linden Ave

Remarks,

0 7 5 0 0 0 1 5 6 0

Wm J. C. Dulany Co., City Printers and Stationers.

...occupation of its parents, the date and place of birth; and the ... practitioner in the form of a certificate between the first and ... the Commissioner of Health. In case the birth of any child ... or practitioner of midwifery, or should no other person be in ... shall become the duty of the person or parents of such ... attendance upon the mother, immediately thereafter it ... child to report its birth to the Commissioner of Health, in ... fail to comply with the provisions of this section shall be sub- ... any such person or persons who shall hereafter fail to c... jected to the fine of ten (10) dollars for each offence, to be ... to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* July 17th 1895
4. *Place of Birth, (Street and Number)* 207 Howard St
5. *Full Name of Mother,* Betty Robinson
6. *Mother's Maiden Name,* Betty Thornton
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Robert Robinson
9. *Father's Occupation* Expressman
10. *Father's Birthplace,* North Carolina

Name of Medical Attendant, or other person who makes this Return, C H Everhart MD

Address, 160 W 25th St

Remarks,

8950004561

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 66927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	17 July
4. *Place of Birth, (Street and Number)*	Baltimore 1222 sharp
5. *Full Name of Mother,*	~~Mary~~ annie ~~Dee~~ Bartel
6. *Mother's Maiden Name,*	Mary annie Deer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Peter D Bartel
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Wm Bange
Address,	711 Lemmon
Remarks,	

8 9 5 0 0 0 4 5 6 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 17, 1895
4. *Place of Birth, (Street and Number)* 916 Canton St.
5. *Full Name of Mother,* Sarah Hoover
6. *Mother's Maiden Name,* Sarah Lee,
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Isaac Hoover
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary A Swayne

Address, 824 Canton St

Remarks,

87500045663

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 66929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 16 1895
4. *Place of Birth, (Street and Number)* 704 West St
5. *Full Name of Mother,* Mata Lopez
6. *Mother's Maiden Name,* Mata Stamp
7. *Mother's Birthplace,* Bacton
8. *Full Name of Father,* Henry Lopez
9. *Father's Occupation* Bleda
10. *Father's Birthplace,* Labour

Name of Medical Attendant, or other person who makes this Return, Dr. R. Carter

Address, 913 E. Heath St

Remarks, Navy Yard

8950001564

Wm. J. C. Dulany Co,. City Printers and Stationers.

Name and occupation of its parents, the date and place of birth; and the ... certificate between the first and ... in the form of a certificate between the first and ... In case the birth of any child ... Commissioner of Health, in the ... midwifery, or should no other person or parents of such ... the duty of the person or parents of such ... required, and ... period above required, and ... within the period above required, and ... provisions of this section shall be sub... with the provisions of this section shall be sub... fines and forfeitures are recoverable. ... other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in ... to the office of the Commissioner of Health. In case the birth of any child ... attendance of a physician or practioner of ... shall become the duty of the person or parents of such ... thereafter it shall become the duty of the person or parents of such ... immediately thereafter, in the manner and within the period above required, and ... Health, in the manner and within the period above required, and ... to comply with the provisions of this section shall be sub... hereafter fail to comply with the provisions of this section shall be sub... offence, to be recovered as other fines and forfeitures are recoverable. ... dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 17 89
4. *Place of Birth, (Street and Number)* 1202 Jackson St
5. *Full Name of Mother,* Rosa Rosenthal
6. *Mother's Maiden Name,* Kreolzs
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Nathan Rosenthal
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Max A Feldman

Address, 1013 E Lombard St

Remarks, 8950004565

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 17 1895
4. *Place of Birth, (Street and Number)* Baltimore street ext
5. *Full Name of Mother,* Annie C. Gahring
6. *Mother's Maiden Name,* Annie C. Kaprann
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* Henry Gahring
9. *Father's Occupation,* Wagon Driver
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

8 4 5 0 0 0 4 5 6 6

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 17th 1895
4. *Place of Birth, (Street and Number)* 149 W. Franklin
5. *Full Name of Mother,* Rose Frey
6. *Mother's Maiden Name,* Rose Lainer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Roger N. Frey
9. *Father's Occupation,* Clerk in a Bank
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. B. Reynolds M.D.

Address, 111 W. Calvert St

Remarks,

B 7 5 0 0 0 4 5 6 7

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

, (state whether male or female) Male

ce or Color, (if not of the white race) July 17th 1895

te of Birth, July 17th

ace of Birth, (Street and Number) 501 S. Howard St

. Name of Mother, Florence Amelia Sheffer

other's Maiden Name, " " Cumphrey

ther's Birthplace, Baltimore Md

Full Name of Father, Alexander D. Sheffer

Father's Occupation Watchmaker

Father's Birthplace, Baltimore Md

10. Name of Medical Attendant, or other person who makes this Return, Katie Walsh.

Address, 800 Leadenhall Street

Remarks, 8750004568

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or person in charge, to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person or practitioner in

RETURN OF A BIRTH. 66934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 17th
4. *Place of Birth, (Street and Number)* 1620 Clarkson St
5. *Full Name of Mother,* Annie Elizabeth Bradley
6. *Mother's Maiden Name,* A. E. Hartman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Robert Marion Henry Bradley
9. *Father's Occupation* Saddler
10. *Father's Birthplace,* Indiana

Name of Medical Attendant, or other person who makes this Return, Dr Mary Shuplant

Address,

Remarks,

B 7 5 0 0 0 4 5 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

66935

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)		1st
1. *Sex, (state whether male or female)*		Male
2. *Race or Color, (if not of the white race)*		Colored
3. *Date of Birth,*		July 17th
4. *Place of Birth, (Street and Number)*		1069 Lexington St.
5. *Full Name of Mother,*		Fannie St. George
6. *Mother's Maiden Name,*		Fannie Smith
7. *Mother's Birthplace,*		N. C.
8. *Full Name of Father,*		Agnes St. George
9. *Father's Occupation,*		Laborer
10. *Father's Birthplace,*		N. C.
Name of Medical Attendant, or other person who makes this Return,		Hannah Ratchett
Address,		609 Campbell St.
Remarks,		Child lived 3 hrs. born before time. Between 8 & 9 months

8/9 5000 4570

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 July
4. *Place of Birth, (Street and Number)* Ann str. 811
5. *Full Name of Mother,* Mary Zaulacky Ermada
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Aleksander Zaulacky
9. *Father's Occupation,* work-man
10. *Father's Birthplace,* Rus- pole

Name of Medical Attendant, or other person who makes this Return. Mary Pett

Address, S. Bond str. 838

Remarks,

8 9 5 0 0 0 4 5 7 1

Wm J C. Dulany Co., City Printers and Stationers.

...occupation of its parents, the date and place of birth, and the ...been conferred on its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

66937

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 19 95
4. *Place of Birth, (Street and Number)* 720 Frederick Ave
5. *Full Name of Mother,* Elizabeth Shoberger
6. *Mother's Maiden Name,* Elizabeth Dove
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Theodore Shoberger
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary E. Duggan

Address, 768 Frederick Ave

Remarks, 8950004572

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 66938 C

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 July 1895
4. Place of Birth, (Street and Number) 1518 Dallas St
5. Full Name of Mother, Kate Hofman
6. Mother's Maiden Name, Kate Kettle
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, George Hofman
9. Father's Occupation Pork Packer
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 304 S. Washington St

Remarks,

8950004573

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth occurring within the limits of Baltimore City shall be reported to the Commissioner of Health, and the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July the 18-18-92
4. *Place of Birth, (Street and Number)*	Lower St # 22 S.1
5. *Full Name of Mother,*	Rosey Reid
6. *Mother's Maiden Name,*	Rosey Veronia
7. *Mother's Birthplace,*	Philadelphia
8. *Full Name of Father,*	Daniel Reid
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs. S Kelley
Address,	# 19-22 Wilkins Ave
Remarks,	

8 9 5 0 0 0 4 5 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 18 '95
4. *Place of Birth, (Street and Number)* 1306 E. Baltimore St
5. *Full Name of Mother,* Anna Ecke Klatz
6. *Mother's Maiden Name,* Balto Md
7. *Mother's Birthplace,* Charles Ecke
8. *Full Name of Father,* Cutter
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace,* Maryland Müller

Name of Medical Attendant, or other person who makes this Return, 1656 Walbert St.

Address,

Remarks,

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

8 9 5 0 0 0 4 5 7 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the form of a certificate between the first and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18th of July 95
4. *Place of Birth, (Street and Number)*	134 Gilmore St.
5. *Full Name of Mother,*	Anna Schaman
6. *Mother's Maiden Name,*	Anna Quinn
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	Georg W. Schaman
9. *Father's Occupation*	Salon Keper
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other person who makes this Return,	Friederike Heuler Midwife
Address,	2116 W Pratt St.
Remarks,	

8950004576

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 66942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2a
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 12 '25
4. *Place of Birth, (Street and Number)*	414 N Dime
5. *Full Name of Mother,*	Mrs. Mamie E Kirby " " Hopkins
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Delaware
8. *Full Name of Father,*	Calvin Newton Kirby
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Boonsboro Md
Name of Medical Attendant, or other person who makes this Return,	T C Worthington
Address,	840 W Fayette St
Remarks,	

8 7 5 0 0 0 4 5 7 7

Every birth occurring within the limits of Baltimore City shall be reported to the Registrar of Vital Statistics within ten days thereafter, and the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 66943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19th July 1895
4. *Place of Birth, (Street and Number)* Baltimore City in Westlavate
5. *Full Name of Mother,* Mrs Annie Miller
6. *Mother's Maiden Name,* Annie Mitchell
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Jacob K. Miller
9. *Father's Occupation* Saloon
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 8950004578

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 66944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Francis A. Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7/19/95
4. *Place of Birth, (Street and Number)* 445 Ostend st
5. *Full Name of Mother,* Maggie E Smith
6. *Mother's Maiden Name,* Maggie E Hughes
7. *Mother's Birthplace,* Baltimore City. Md.
8. *Full Name of Father,* Charles H. Smith
9. *Father's Occupation* Locomotive Fireman
10. *Father's Birthplace,* Baltimore City. Md.

Name of Medical Attendant, or other person who makes this Return, Wm Bayne

Address, 211 Ensor st

Remarks,

8950004579

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...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July the 19 - 18 - 95
4. *Place of Birth, (Street and Number)* ~~marygarna~~ ~~marygarna~~ 20 10
5. *Full Name of Mother,* allace V willingham
6. *Mother's Maiden Name,* allace V alexander
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Winfield S willingham
9. *Father's Occupation* Plasterer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mr S Kelley

Address, No 19 22 W Chas Sa

Remarks,

' 8 9 5 0 0 0 4 5 8 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 19 16 98
4. Place of Birth, (Street and Number) 5 16 hickory ave hampden
5. Full Name of Mother, rosella mary
6. Mother's Maiden Name, davis
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, freddie A Mary
9. Father's Occupation, tyler
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return, Martha King

Address, 345 hickory ave hampden city

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

845 0004581

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 3d

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) W
3. *Date of Birth*, July 19 1895
4. *Place of Birth*, (*Street and Number*) 813 N Broadway
5. *Full Name of Mother*, Maggie Spurrier Clemm
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*, Balto
8. *Full Name of Father*, Chas G. Spurrier
9. *Father's Occupation*, Engineer
10. *Father's Birthplace*, Frederick Co Md

Name of Medical Attendant, or other person who makes this Return R G Davis md

Address, 507 N Caroline St

Remarks,

8950004582

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) forth

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* June 19
4. *Place of Birth, (Street and Number)* Baltimore mccaddin St 1912
5. *Full Name of Mother,* Willie A Wilson
6. *Mother's Maiden Name,* Willis
7. *Mother's Birthplace,* St Mary's Co Md
8. *Full Name of Father,* Charles Wilson
9. *Father's Occupation* brickmaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dorline Peterson

Address, 419 Lewis St

Remarks, Elegom

8950004583

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) ~~female~~ MARIE Louise WAGNER
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 16 1895
4. Place of Birth, (Street and Number) No. 428 Frederick Ave
5. Full Name of Mother, ~~Henry~~ Eliza Wagner
6. Mother's Maiden Name, Eliza Wagner
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Wagner
9. Father's Occupation Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, # 1 Film C 517 3/21/78 Km per Evidence 5000045844

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 11 th 1895.
4. *Place of Birth, (Street and Number)* 820 Durham St,
5. *Full Name of Mother,* Sophie Rydle
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Frank Rydle,
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return. Mary Hopkins

Address, 205 N Washington Ave

Remarks,

8950004585

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66951

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ild of Mother, (state whether 1st, 2d, 3d, &c.) Forth
tate whether male or female) Female
or Color, (if not of the white race) White
of Birth, Baltimore
of Birth, (Street and Number) No. 63 Lowell Ave
Name of Mother, Kate Lovely
r's Maiden Name, Kate Mentzer
r's Birthplace, Baltimore
Name of Father, Michael Lovely
r's Occupation, Laborer
r's Birthplace, Baltimore
of Medical Attendant, or other person who makes this Return. Mrs Ruth B Saltmarsh
ss, No. 15 W. Dover st
ks,

0 7 5 0 0 0 4 5 8 6

AND STATIONERS.

RETURN OF A BIRTH. 66952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 20. (7.50 A. M.)
4. *Place of Birth, (Street and Number)* 218 Patterson Street.
5. *Full Name of Mother,* Maggie, May Figell.
6. *Mother's Maiden Name,* Honigmann
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* George Franklin Figell.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kaunt, for the

Address, Mothers Relief Society, 632 N. Fremont Ave.

Remarks,

8750004587

Wm J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20th of July 95
4. *Place of Birth, (Street and Number)*	716 Frederick Road
5. *Full Name of Mother,*	Agnes Gent
6. *Mother's Maiden Name,*	Agnes Schmidt
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Georg Gent
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friedrike Heuler Midwife
Address,	2116 W. Pratt St
Remarks,	

8 9 5 0 0 0 4 5 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as fully as the same can be ascertained the date and place of birth and the occupation of its parents, the date and place of birth and the full name and occupation of its parents, the date and place of marriage, and the number of children born to the mother, and the number now living, and the number of children (if any) that have been conferred; its sex, color, the full name and occupation of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 20th 1895
4. *Place of Birth, (Street and Number)* 42 N. Old Frederick road
5. *Full Name of Mother,* Maggie Ahalt
6. *Mother's Maiden Name,* Maggie Neff
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Ahalt
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, M. E. Quigley

Address, 765 Fulton ave. City

Remarks, 8950004589

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been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ch

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Wht
3. *Date of Birth,* July 20/95
4. *Place of Birth, (Street and Number)* 2849 Fr. Fulton Ave.
5. *Full Name of Mother,* Mrs John Frank
6. *Mother's Maiden Name,* Jennie Hurley
7. *Mother's Birthplace,* Cambridge Md.
8. *Full Name of Father,* John Frank
9. *Father's Occupation* motorman
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 250 Penna. Ave.

Remarks,

8950 04590

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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be ascertained the full name of each child, (if any shall have
occupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
ter it shall become the duty of the person or parents of such
lth, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 20 '95
4. *Place of Birth, (Street and Number)*	2412 W Fayette
5. *Full Name of Mother,*	Mrs. Mary Y. Rotan
6. *Mother's Maiden Name,*	" V. Hinkle
7. *Mother's Birthplace,*	Martinsburg W. Va
8. *Full Name of Father,*	Geo A Rotan
9. *Father's Occupation*	Engineer on Car
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	T C Worthington
Address,	846 W. Fayette
Remarks,	

B 9500004591

Wm. J. C. Dulany Co., City Printers and Stationers.

66957

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d child

1. *Sex, (state whether male or female)* female child
2. *Race or Color, (if not of the white race)* white child
3. *Date of Birth,* 20th Day of July
4. *Place of Birth, (Street and Number)* 326 Stockholm st Baltimore
5. *Full Name of Mother,* Anna Caroline Wall
6. *Mother's Maiden Name,* Anna Caroline Reeside
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Thomas Wall
9. *Father's Occupation* Glass Blower
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return, Mrs Bang

Address, [illegible]

Remarks, 8950004592

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Health. This schedule shall contain a list of the births which shall have occurred in each month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in case the birth of any child shall occur without the attendance of a physician or practitioner in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 20th July 1895.

4. *Place of Birth, (Street and Number)* 2939 Eutaw Street.

5. *Full Name of Mother,* Augustine Biermann

6. *Mother's Maiden Name,* Scherwinski

7. *Mother's Birthplace,* Germany.

8. *Full Name of Father,* Karel Biermann

9. *Father's Occupation* Saloon.

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. B. Siersemann.

Address, 1208 Hare Street.

Remarks,

B 95 U 0004593

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W

3. Date of Birth, July 21 1895

4. Place of Birth, (Street and Number) 109 E. Eager St.

5. Full Name of Mother, Elizabeth Cantler

6. Mother's Maiden Name, " Williams

7. Mother's Birthplace, B. C.

8. Full Name of Father, John D. Cantler

9. Father's Occupation Motorman

10. Father's Birthplace, B. C.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Watkins

Address, 6 N. Broadway

Remarks, 8950004594

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 66960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 July 1895
4. *Place of Birth, (Street and Number)* 108 Hiram St
5. *Full Name of Mother,* Lina Smith
6. *Mother's Maiden Name,* Lina Roth
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Jorge Smith
9. *Father's Occupation* Trunmaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address, 504 S. Washington St

Remarks,

8950004595

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 21, 95
4. *Place of Birth, (Street and Number)* 1217 N. Cross St
5. *Full Name of Mother,* Mrs Clasper.
6. *Mother's Maiden Name,* Don't Know
7. *Mother's Birthplace,* Mass.
8. *Full Name of Father,* Henry Clasper.
9. *Father's Occupation,* Stone Cutter.
10. *Father's Birthplace,* Vermont.

Name of Medical Attendant, or other Person who makes this Return. Arch Atkinson M.D.

Address, No 1101 Maryland ave.

Remarks,

0750004596

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8.20 A. M. July 21, 1895
4. *Place of Birth, (Street and Number)* 102 N. Lee St.
5. *Full Name of Mother,* Margie Wessels Boone
6. *Mother's Maiden Name,* Margie Wessels
7. *Mother's Birthplace,* Accomac Co. Va.
8. *Full Name of Father,* William H. Boone
9. *Father's Occupation,* Commission Merchant.
10. *Father's Birthplace,* A. A. Co. Md.

Name of Medical Attendant, or other person who makes this Return. E. C. Applegarth M.D.

Address, 8 East Montgomery St.

Remarks, L. D. A. Instrumental N. puerperal trouble.
Child's name — Henry Judson Boone.

8 9 5 0 0 0 4 5 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 21st 1895
4. *Place of Birth, (Street and Number)* 126 Scott st.
5. *Full Name of Mother,* Esther Weintraub
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Abram Weintraub
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8 9 5 0 0 0 4 5 9 6

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RETURN OF A BIRTH. 66964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 21st 1895
4. Place of Birth, (Street and Number) 2726 Morton St
5. Full Name of Mother, Laura Ware
6. Mother's Maiden Name, same
7. Mother's Birthplace, Washington. D. C.
8. Full Name of Father, unknown
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. W. Logan A.B. M.D

Address, Maryland Lying-in Hospital Residence

Remarks,

8 9 5 0 0 0 4 5 9 9

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of Ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. 66965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	July 22d
4.	*Place of Birth, (Street and Number)*	904 Lemon St
5.	*Full Name of Mother,*	Katie Gilchrist
6.	*Mother's Maiden Name,*	" Hayes
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Thomas Gilchrist
9.	*Father's Occupation,*	Seaman
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Mrs. O'Hayer
	Address,	924 Hollins St
	Remarks,	

8955 0006600

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RETURN OF A BIRTH. 66966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	22nd July 1895
4. *Place of Birth, (Street and Number)*	1107 East Ave, Canton Balto. Co. Md.
5. *Full Name of Mother,*	Louisa Ruppertsberger
6. *Mother's Maiden Name,*	Louisa Birntz
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	George Wm. Ruppertsberger
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs. Burkard
Address,	Baldwin Mill Ole Canton
Remarks,	

8950004601

Wm. J. C. Dulany Co., City Printers and Stationers.

Every child born within the City of Baltimore shall be named, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Wht.
3. *Date of Birth,*	July 22/95
4. *Place of Birth, (Street and Number)*	1537 Clifton St.
5. *Full Name of Mother,*	Mrs Robt. Megary
6. *Mother's Maiden Name,*	Florence Borden
7. *Mother's Birthplace,*	Balto Md.
8. *Full Name of Father,*	Robert Megary
9. *Father's Occupation*	Butter dealer
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	E. A. Emil M.D.
Address,	2505 Penna. Ave
Remarks,	

8 9 5 0 0 0 4 6 0 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in attendance, or by the father or mother of the child, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-17-37

RETURN OF A BIRTH. 66968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Lena Johanna ~~Ulrick~~ Ulrick

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 23, 1891
4. *Place of Birth, (Street and Number)* 2617 Fait Ave.
5. *Full Name of Mother,* Pauleen Ulrick
6. *Mother's Maiden Name,* Pauleen Shoe-Maker.
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* John Ulrick.
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return, Mary A Wayne

Address, 821 Canton St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

U 7 5 0 0 0 4 6 0 3

RETURN OF A BIRTH. 66969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Katie Minch.

Address, 800 Loudenhall Street

Remarks,

8 9 5 0 0 0 4 6 0 4

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...occupation of its parents, the date and place of birth; and the ... practitioner in the form of a certificate between the first and ... of the Commissioner of Health. In case the birth of any child ... or practioner of midwifery, or should no other person be in ... ter it shall become the duty of the person or parents of such ... lth, in the manner and within the period above required, and ... to comply with the provisions of this section shall be sub- ... to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 66970.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	1st.
1. *Sex, (state whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 22d 1895
4. *Place of Birth, (Street and Number)*	1506 Lafayette avenue
	Florence Roper.
5. *Full Name of Mother,*	" Scheetz.
6. *Mother's Maiden Name,*	Carroll Co. Md.
7. *Mother's Birthplace,*	Richard T. Roper
8. *Full Name of Father,*	Milkman
9. *Father's Occupation,*	Baltimore. Md.
10. *Father's Birthplace,*	E. G. Shaver. M. D.
Name of Medical Attendant, or other person who makes this Return.	2510 Penna. ave.
Address,	
Remarks,	8950004605

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 2-19-53 ~~Anna Bertram~~ David Stern

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or ~~female~~)*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* July 22d, 1895

4. *Place of Birth, (Street and Number)* 1311 Argyle ave

5. *Full Name of Mother,* Lena Stern

6. *Mother's Maiden Name,* " Oppenheimer

7. *Mother's Birthplace,* Europe

8. *Full Name of Father,* Nathan Stern

9. *Father's Occupation* Merchant

10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, John S. Huck

Address, 847 N. Lafayette ave

Remarks,

B 7500004606

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 66972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* July 22. 1895
4. *Place of Birth, (Street and Number)* 1313 Madison Street
5. *Full Name of Mother,* Maggie E Lawson Hoy
6. *Mother's Maiden Name,* Maggie E Lawson Brent
7. *Mother's Birthplace,* Alexandria Virginia
8. *Full Name of Father,* Robert Lee Hoy
9. *Father's Occupation,* Commercial Traveller
10. *Father's Birthplace,* Alexandria Virginia

Name of Medical Attendant, or other person who makes this Return Alex. E. Hodgson M.D.

Address, 1235 West Lafayette Avenue

Remarks,

8950004607

month, and shall set forth as far as the same can be ascertained the ... been conferred; its sex, color, the full name and occupation of its pa... said schedule shall be delivered, duly signed by the practitioner in the... third day of each and every month to the office of the Commissioner of ... shall occur without the attendance of a physician or practitioner of ... attendance upon the mother, immediately thereafter it shall become ... child to report its birth to the Commissioner of Health, in the manner ... any such person or persons who shall hereafter fail to comply with ... jected to the fine of ten (10) dollars for each offence, to be recovered as ... ed the full name of each child. If any shall have ... f its parents, the date and place of birth; and the ... r in the form of a certificate between the first and ... ssioner of Health. In case the birth of any child ... eer of midwifery, or should no other person be in ... become the duty of the person or parents of such ... manner and within the period above required, and ... y with the provisions of this section shall be sub- ... ered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 66,737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Otto

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22 d July 1895
4. *Place of Birth, (Street and Number)* 529 E Fort Ave
5. *Full Name of Mother,* Annie Es Downey
6. *Mother's Maiden Name,* Enoch
7. *Mother's Birthplace,* Kent Co Md
8. *Full Name of Father,* Joseph Downey
9. *Father's Occupation* Saloonman
10. *Father's Birthplace,* Kent Co Md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Agnew

Address, 436 E Fort Ave

Remarks,

8950001808

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the five of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 July 95
4. *Place of Birth, (Street and Number)* 207 Lexington
5. *Full Name of Mother,* Josephine Hartmann
6. *Mother's Maiden Name,* Lautner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* A. N. Hartmann
9. *Father's Occupation* Slate roofer
10. *Father's Birthplace,* Marburg W. Virg.

Name of Medical Attendant, or other person who makes this Return, Dr. H. Weidmann M.D.

Address, 252 Pearl St. Baltimore

Remarks,

8950001609

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 66975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 July 1895
4. Place of Birth, (Street and Number) 1120 Hart Avenue City
5. Full Name of Mother, Mary Abey
6. Mother's Maiden Name, Mary Fogler
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, George Abey
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Cornelia Allen

Address, 1407 Nicholson St City

Remarks, 8950004610

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, 23 June 1893.
4. Place of Birth, (Street and Number) 3632 Elliott St.
5. Full Name of Mother, Sarah Conoss.
6. Mother's Maiden Name, Sarah Kelly.
7. Mother's Birthplace, Balto
8. Full Name of Father, Frances Conoss.
9. Father's Occupation Labor.
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Jas. L Swayne.

Address, 124 Canton St.

Remarks,

8950004611

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the name of each child, the name of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The full name of each child, if any shall have month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23rd July 95
4. *Place of Birth, (Street and Number)*	104 Stafford St.
5. *Full Name of Mother,*	Mc Glaig Anna Watts
6. *Mother's Maiden Name,*	Anna Watts
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Robert J. McGlaig
9. *Father's Occupation*	Printer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Heuler Midwife
Address,	2116 W. Pratt St
Remarks,	

8950004612

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 23rd
4. *Place of Birth, (Street and Number)* 919 Low Street
5. *Full Name of Mother,* Becky Dodd
6. *Mother's Maiden Name,* Becky Grant
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Henry Dodd
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return. Geo W Cobbs M.D.

Address, The Johns Hopkins Hospital

Remarks,

8950004613

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 23d 95
4. *Place of Birth, (Street and Number)*	1614 Madison Ave
5. *Full Name of Mother,*	Rosa Kraus
6. *Mother's Maiden Name,*	Rosa Rosenberg
7. *Mother's Birthplace,*	Wheeling W. Va.
8. *Full Name of Father,*	L. L. Kraus
9. *Father's Occupation*	Cigar Manufacturer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Thomas Opie M.D.
Address,	219 W Monument St.
Remarks,	

6950004614

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 66980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 23. of. July 95
4. *Place of Birth, (Street and Number)* 1635. N. Mount St
5. *Full Name of Mother,* Annie. S. Miller
6. *Mother's Maiden Name,* Annie. S. Keller
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Geo. M. B. Miller
9. *Father's Occupation* Police.
10. *Father's Birthplace,* Penn.

Name of Medical Attendant, or other person who makes this Return,

Address, Mrd Wm. J. Shockney 131 Cumberland St

Remarks,

1895000 4615

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 13 95

4. Place of Birth, (Street and Number) 20 E 14 Lanvering Ave

5. Full Name of Mother, Catharine Kehrer

6. Mother's Maiden Name, Catharine Lehrer

7. Mother's Birthplace, Germany

8. Full Name of Father, Jacob Becker

9. Father's Occupation Cutter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. H. K. Lauer

Address, 20 E 14 Lanvering Ave

Remarks, Balt. Md.

1895

8950004615

Wm. J. C. Dulany Co., City Printers and Stationers.

FILM SAFETY

mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July the 23-18-95
4. *Place of Birth, (Street and Number)*	Milling Ave No 22-St Effy Colimer hecker
5. *Full Name of Mother,*	Effy Colimer
6. *Mother's Maiden Name,*	Mainsborough P A
7. *Mother's Birthplace,*	Edward hecker
8. *Full Name of Father,*	Paint grinder
9. *Father's Occupation*	nair town P A
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Mrs S Sellers
Address,	No 19-22 Milling Ave
Remarks,	

8950004617

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	July 23 1895
4. *Place of Birth, (Street and Number)*	1712 E. Lanvale
5. *Full Name of Mother,*	Maggie Simonds
6. *Mother's Maiden Name,*	" Stirling
7. *Mother's Birthplace,*	Delaware
8. *Full Name of Father,*	James Simonds
9. *Father's Occupation*	Insurance Agt
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Wm J. Watson
Address,	1519 N. Broadway
Remarks,	

8950004610

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb 24 of July 1875

4. *Place of Birth, (Street and Number)* 96 400 E. Monument St

5. *Full Name of Mother,* Salome Rehfeld

6. *Mother's Maiden Name,* Salome Schneider

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Henry M. Rehfeld

9. *Father's Occupation* Saloonkeeper

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno Chas Larsen

Address, 400 E Monument St

Remarks, Bal. Md.

1895

8950004619

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...been ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 6-12-52

16985

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mary Elizabeth 4th Hilsburg

1. *Sex, (state whether male or female).* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 24 1895.
4. *Place of Birth, (Street and Number)* 3104 East Ave
5. *Full Name of Mother,* Mary Hilsburg
6. *Mother's Maiden Name,* Mary Lazecki
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Charles Hilsburg.
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 Canton St

Remarks,

8950001620

Wm. J. C. Dulany Co,. City Printers and Stationers.

Every birth, that shall occur within the limits of Baltimore City, shall be reported to the Commissioner of Health, within ten days after the same shall occur, by the attending physician or midwife, and in case there shall be no physician or midwife in attendance, then by the householder or owner of the premises where the birth occurs, within ten days after the same shall occur, and it shall be the duty of the person reporting a birth to ascertain, as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 12-22-58

RETURN OF A BIRTH. 66986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Minnie Pully

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 24, 1875.
4. Place of Birth, (Street and Number) 703 Rose St.
5. Full Name of Mother, Mary Pully
6. Mother's Maiden Name, Mary Belch.
7. Mother's Birthplace, Balt
8. Full Name of Father, John Pully.
9. Father's Occupation Labor
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Mary L Gavagne

Address, 824 Canton St.

Remarks,

8950004621

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 66987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 24 - 95
4. *Place of Birth, (Street and Number)* 1426 E Monument St
5. *Full Name of Mother,* Clara B - Robinson
6. *Mother's Maiden Name,* " " Evans
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* James F. Robinson
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Allwell

Address, 1458 N. Bond

Remarks,

8 9 5 0 0 0 4 6 2 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7/98

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 24 1895.
4. *Place of Birth, (Street and Number)* No. 1109 Aisquith Street
5. *Full Name of Mother,* Brenilla Irwin.
6. *Mother's Maiden Name,* Brenilla Grogan.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Daniel Irwin.
9. *Father's Occupation* Carter Tier
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Aug. A. Blewell M.D.

Address, 1741 Harford ave

Remarks, 8950004623

Wm. J. C. Dulany Co., City Printers and Stationers.

mouth, and shall set forth as far as the same can be ascertained the date of the birth, the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred; and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or shall no other person be in shall occur without the attendance of a physician or practitioner it shall become the duty of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Female. Eloise Virginia Becker

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 24 1895

4. *Place of Birth, (Street and Number)* No. 1605 Point Lane.

5. *Full Name of Mother,* Sallie Becker

6. *Mother's Maiden Name,* Sallie Frazer

7. *Mother's Birthplace,* Maryland.

8. *Full Name of Father,* Hardy Becker

9. *Father's Occupation* Driver

10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return. Asa A. Eberall M.D.

Address, 1741 Hartford ave

Remarks,

0 9 5 0 0 0 4 6 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 24th July 1895

4. *Place of Birth, (Street and Number)* 1625 Wolfe Ave

5. *Full Name of Mother,* Mrs Emma E. Woods

6. *Mother's Maiden Name,* Mrs Emma E. Yarger

7. *Mother's Birthplace,* Adams Co Pennsylvania

8. *Full Name of Father,* Mr Frank T Woods

9. *Father's Occupation* Carpenter

10. *Father's Birthplace,* Born in Maine

Name of Medical Attendant, or other person who makes this Return,

Address, Mary Elias 1625 Hopkins Ave.

Remarks,

1895

8 9 5 0 0 0 6 6 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9te

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24th of July 95
4. *Place of Birth, (Street and Number)* 409 Schmallwood Av.
5. *Full Name of Mother,* Bertha Glatt
6. *Mother's Maiden Name,* ~~Bertha Dietzoff~~
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Gustaph Glatt
9. *Father's Occupation* Bresmolter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W. Pratt St.

Remarks,

8950004626

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 66992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Geboren 24 Juli 95'
4. *Place of Birth, (Street and Number)* 1916 Aliceanna str.
5. *Full Name of Mother,* Zofy Lewinska
6. *Mother's Maiden Name,* Jedlichen Dzinicka.
7. *Mother's Birthplace,* Poland.
8. *Full Name of Father,* Frenk Dziennik
9. *Father's Occupation* Poaland
10. *Father's Birthplace,* Poland.

Name of Medical Attendant, or other person who makes this Return Agnes Hadelnes

Address, Thames str. No 1635

Remarks, Syyet.

8 9 5 0 0 0 4 6 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained been conferred) its sex, color, the full name and occupation of its said schedule shall be delivered, duly signed by the practitioner in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be the duty of the midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltr July 24/15
4. Place of Birth, (Street and Number) 24 S. Rhamnal St. Balto.
5. Full Name of Mother, Masha Moofsmitz
6. Mother's Maiden Name, Masha Moofsmitz
7. Mother's Birthplace, Russia
8. Full Name of Father, Moriz Moofsmitz
9. Father's Occupation Net maker
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, Mrs. Jane Barker

Address, 41 E. Pleasant Street Balto

Remarks,

8 9 5 0 0 0 4 5 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, (if any shall have ...the same can be ascertained) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

66994

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* 25 of July

4. *Place of Birth, (Street and Number)* 2167 Str 14 Canton

5. *Full Name of Mother,* Ann ~~Gansehow~~ Switterhoff

6. *Mother's Maiden Name,* Ann Gansehow

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Ernst Switterhoff

9. *Father's Occupation* Tinner

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Bullard

Address, 1106 Baulding St Canton

Remarks,

8950004629

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July the 25th 1895
4. *Place of Birth, (Street and Number)*	Pratt st No 14 11
5. *Full Name of Mother,*	Elizabeth Dawling
6. *Mother's Maiden Name,*	Elizabeth Leonard
7. *Mother's Birthplace,*	Alexandrew Va
8. *Full Name of Father,*	Samuel E Dawling
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelley
Address,	No 19-22 Wilkins Ave
Remarks,	

8950004630

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 66996

GIVEN NAME ADDED 7/5/66

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Norman Ward Foy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 2 1966
4. *Place of Birth, (Street and Number)* 1234 Riverside
5. *Full Name of Mother,* Minnie Wooten Foy
6. *Mother's Maiden Name,* Minnie Wooten
7. *Mother's Birthplace,* Florida
8. *Full Name of Father,* Joseph Foy
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Florida

Name of Medical Attendant, or other person who makes this Return. Mrs. Beatrice Byrd

Address,

Remarks,

8 9 5 0 0 0 4 6 3 1

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 66997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Liba Clara Dotterweich

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25th of July 95
4. Place of Birth, (Street and Number) 2035 W. Pratt St.
5. Full Name of Mother, Lica Dotterweich
6. Mother's Maiden Name, Lica Schwalenberg
7. Mother's Birthplace, Baltimore Md. ~~Germany~~
8. Full Name of Father, John Dotterweich
9. Father's Occupation Saloonkeeper
10. Father's Birthplace, Baltimore, Md. Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Hoeller Midwife

Address, 2116 W. Pratt St

Remarks,

8950004632

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 66998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Date July 25 / 45
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Ida Bruce
6. *Mother's Maiden Name,* Ida Bloom
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Robin Brooke
9. *Father's Occupation* Operator
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Marcus Barker

Address, 419 Whitehurst Date

Remarks,

9 5 0 0 0 4 6 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 66999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 25th 1895

4. *Place of Birth, (Street and Number)* 8 Lemmon Court, Med. Ent.

5. *Full Name of Mother,* Maggie Jane Wardlaw

6. *Mother's Maiden Name,* Maggie Jane Bell

7. *Mother's Birthplace,* Dundee, Scotland

8. *Full Name of Father,* Francis Bernard Wardlaw

9. *Father's Occupation* Motterman

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return,

Address, Wm. H. J. Shockney 731 Cumberland St

Remarks, Mr and

8950004634

Wm. J. C. Dulany Co,. City Printers and Stationers.

Name of child to be entered as soon as the same can be ascertained (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

be ascertained the full name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 25 of July 1895
4. *Place of Birth, (Street and Number)* 120 N C St Rear
5. *Full Name of Mother,* Mary Bell Revitt
6. *Mother's Maiden Name,* Mary Courtney
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Arthur Jno Revitt
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. Ch. Lauer

Address, No 10, 59 Harford Ave.

Remarks, Bal. Md.

1895

1895000635

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 26, 895
4. *Place of Birth, (Street and Number)* 217 S. Exeter
5. *Full Name of Mother,* Hetta Winer
6. *Mother's Maiden Name,* Cohen
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Isaac Winer
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. W. H. Fulton

Address, 1013 E. Lombard St

Remarks,

8950004636

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. The attending shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 26
4. *Place of Birth, (Street and Number)*	613 So Paca
5. *Full Name of Mother,*	Carrie Imler
6. *Mother's Maiden Name,*	Carrie Lennert
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George A. Imler
9. *Father's Occupation*	Shoe Cutter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Helen Onda Klefu
Address,	734 St Peter St
Remarks,	B4B000637

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 26 1893
4. *Place of Birth, (Street and Number)* 1007 East Monument Street
5. *Full Name of Mother,* Elizabeth Davids
6. *Mother's Maiden Name,* Elizabeth Kerner
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* Henry Davids
9. *Father's Occupation* Brass moulder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M D

Address, The Johns Hopkins Hospital.

Remarks,

1895 0004638

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 26th

4. *Place of Birth, (Street and Number)* 1748 Penn Ave. City.

5. *Full Name of Mother,* Mary Ellen Hammil

6. *Mother's Maiden Name,* " " Mitchell

7. *Mother's Birthplace,* Balto. City.

8. *Full Name of Father,* James Ignatius Hammil

9. *Father's Occupation* Teamster

10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return. J. V. McCarthy M.D.

Address, 626 George St.

Remarks,

8950004639

Wm. J. C. Dulany Co., City Printers and Stationers.

...on of its parents, the date and place of birth; and the ...tioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner in ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 26d 1895
4. *Place of Birth, (Street and Number)* 1110 Lanvale Street
5. *Full Name of Mother,* Charlotte Bartell
6. *Mother's Maiden Name,* Charlotte Schloer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Arthur Bartell
9. *Father's Occupation* Landrig Man
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Lina Miller

Address, 1809 Hatbrook Ave City

Remarks,

8 9 5 0 0 0 4 6 4 0

In order that the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 67006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 Day of July
4. Place of Birth, (Street and Number) 229 Le St City
5. Full Name of Mother, Mrs Annie Mary Grisp
6. Mother's Maiden Name, Miss Annie Mary Juran
7. Mother's Birthplace, Baltmore Md
8. Full Name of Father, Charles Grisp
9. Father's Occupation Freight Handler
10. Father's Birthplace, Baltimor Md

Name of Medical Attendant, or other person who makes this Return, Mrs Barge

Address, 111 Cross St.

Remarks, 8950046411

Wm. J. C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, if any shall have ...same can be ascertained; the occupation of its parents, the date and place of birth; and the ...full name and occupation of the practitioner in the form of a certificate between the first and ...practitioner in the case the birth of any child ...been conferred; its sex, color, the full name and occupation of the practitioner in the form of a certificate the birth of any be in ...said schedule shall be delivered, duly signed by the Commissioner of midwifery, or should no other person of such ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such ...attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 26th 1895
4. *Place of Birth, (Street and Number)* 1630, E. Federal St
5. *Full Name of Mother,* Mary R. Jump
6. *Mother's Maiden Name,* " " Diggs
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lawson C. Jump
9. *Father's Occupation* Book keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. R. G. Rankin M D

Address, #811 Jefferson Ave Waverly City

Remarks,

8 9 5 0 0 0 4 8 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

been collected, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 26 — 1895
4. *Place of Birth, (Street and Number)* Park road
5. *Full Name of Mother,* Mary Brent —
6. *Mother's Maiden Name,* Brent —
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Brent
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* York Co Pa

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, # 511 Jefferson Ave Waverly

Remarks,

' 8950004643

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67009 ✓

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 April 1875
4. *Place of Birth, (Street and Number)* 25a Hayall St
5. *Full Name of Mother,* Kadi Lied
6. *Mother's Maiden Name,* Kadi Hap
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Elias Lied
9. *Father's Occupation* Lauber
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S. Washington St

Remarks,

B 9 5 0 0 0 4 6 4 4

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67010 C

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* females (twins)
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 26th 95
4. *Place of Birth, (Street and Number)* 618 Forrest
5. *Full Name of Mother,* Gertie McGuinney Hudson
6. *Mother's Maiden Name,* Gertie McGuinney
7. *Mother's Birthplace,* Maryland Talbot Co.
8. *Full Name of Father,* Geo Hudson
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm Battezat Born Sub

Address, 511 Hanover

Remarks,

8 9 5 0 0 9 1 6 4 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the
been conferred) its sex, color, the full name and occupation of its pa
said schedule shall be delivered, duly signed by the practitioner in the
third day of each and every month to the office of the Commissione
shall occur without the attendance of a physician or practioner of m
attendance upon the mother, immediately thereafter it shall become
child to report its birth to the Commissioner of Health, in the manner
any such person or persons who shall hereafter fail to comply with th
jected to the fine of ten (10) dollars for each offence, to be recovered as

RETURN OF A BIRTH. 67011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Color

3. *Date of Birth,* 26 of July

4. *Place of Birth, (Street and Number)* Mount Hiana Balt. County

5. *Full Name of Mother,* Annie Harris

6. *Mother's Maiden Name,* Annie Houston

7. *Mother's Birthplace,* Washington

8. *Full Name of Father,* John Harris

9. *Father's Occupation* Labor

10. *Father's Birthplace,* Maryland Balto county

Name of Medical Attendant, or other person who makes this Return. Gracie Harris

Address, No 818 Stockholm st

Remarks, 8950001646

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RETURN OF A BIRTH. 67012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c) 3rd

1. *Sex, (state whether male or female)* White Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 26/95
4. *Place of Birth, (Street and Number)* 17 S. Exeter St
5. *Full Name of Mother,* Emma Bass
6. *Mother's Maiden Name,* Emma Berman
7. *Mother's Birthplace,* Poland Russ
8. *Full Name of Father,* Simon Bass
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Hetta Klowanska

Address, 1077 E Lombard St

Remarks,

0750004647

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 67013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 26th 1895. 5. a m.

4. *Place of Birth, (Street and Number)* 1809 Edmondson ave.

5. ~~*Full Name of*~~ *Mother,* maiden name Lucy C. O Brian

6. *Mother's* ~~*Maiden Name,*~~ full name = Lucy C Didier

7. *Mother's Birthplace,* Washington D C.

8. *Full Name of Father,* Fred'k. W Didier

9. *Father's Occupation,* Clerk.

10. *Father's Birthplace,* Talbot Co Md.

Name of Medical Attendant, or other person who makes this Return. A. D. Sayton M.D.

Address, 1136. W Lexington St.

Remarks,

8 9 5 0 0 0 4 6 4 8

Baltimore under which have occurred under its [illegible] and shall enter the same on a register of such birth, and shall contain a list of the births which have occurred in each month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 67014.4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 26 - 1895
4. Place of Birth, (Street and Number) Maryland Lying in Hospital
5. Full Name of Mother, Mary Miller
6. Mother's Maiden Name, Mary Miller
7. Mother's Birthplace, Maryland.
8. Full Name of Father, unknown
9. Father's Occupation, unknown
10. Father's Birthplace, unknown

Name of Medical Attendant, or other person who makes this Return, J. W. Brown MB MD.

Address, Maryland Lying-in Hospital Linthicum

Remarks,

E 4 5 0 0 0 4 6 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 27 / 11, 30 A. M.
4. *Place of Birth, (Street and Number)* 1552 Eighth Street
5. *Full Name of Mother,* Ida Petzenhler,
6. *Mother's Maiden Name,* Geyer,
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* John Petzenhler,
9. *Father's Occupation,* Tinner,
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Wm. F. Kane

Address, 632. N. Fremont Ave.

Remarks,

S 4 5 0 0 0 4 6 5 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* 9 12
4. *Place of Birth, (Street and Number)* 800 Leadenhall St
5. *Full Name of Mother,* Annie Kubina
6. *Mother's Maiden Name,* Fangrunjes
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob Kubina
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Katie Winck.

Address, 800 Leadenhall Street

Remarks,

8750004651

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 27 93
4. *Place of Birth, (Street and Number)* 532 Colvin St
5. *Full Name of Mother,* Wm F Hauer
6. *Mother's Maiden Name,* Eva H Houser
7. *Mother's Birthplace,* Shiptensburg Pa.
8. *Full Name of Father,* Wm F Hauer
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Fairfax Carroll Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs E Elizabeth Stemp

Address, 530 Rogers Ave

Remarks,

8950001652

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 27th 1895
4. *Place of Birth, (Street and Number)*	133 E Pitting St
5. *Full Name of Mother,*	Alma V. Perkins
6. *Mother's Maiden Name,*	Alma V Wroten
7. *Mother's Birthplace,*	Salisbury Md
8. *Full Name of Father,*	Matt Thomas Perkins
9. *Father's Occupation*	Printer
10. *Father's Birthplace,*	Alexandria Va
Name of Medical Attendant, or other person who makes this Return,	B et Phillips
Address,	753 W Lexington St
Remarks,	

1895 000465 3

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* July 27th.
4. *Place of Birth, (Street and Number)* 11 Smith's Court.
5. *Full Name of Mother,* Alice Mary Upshur.
6. *Mother's Maiden Name,* Alice Mary Butler,
7. *Mother's Birthplace,* Somerset Co, Md.
8. *Full Name of Father,* John Haney.
9. *Father's Occupation,* Work in Canning Factory.
10. *Father's Birthplace,* Northumberland Co, Va.

Name of Medical Attendant, or other person who makes this Return, Dr. John Turner,

Address, 121 Jackson Place.

Remarks, Midwife first had charge; then she had Low
forceps contraction on Placenta & gave Chloroform & Inhalers.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 67020

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	July 27 1895
4. *Place of Birth, (Street and Number)*	1025 S Utah st
5. *Full Name of Mother,*	Julia Rains
6. *Mother's Maiden Name,*	" Lewis
7. *Mother's Birthplace,*	Northumberland Va
8. *Full Name of Father,*	James R ~~Davis~~ Rains
9. *Father's Occupation,*	Hard Labor
10. *Father's Birthplace.*	Northumberland Va
Name of Medical Attendant, or other Person who makes this Return	Mary. E. Hodnett
Address,	823 N Fremont st
Remarks,	M D

NY & CO., CITY PRINTERS AND STATIONERS

1895 0004655

RETURN OF A BIRTH. 67021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 27th 1895
4. *Place of Birth, (Street and Number)* 837 Mansfield
5. *Full Name of Mother,* Mrs Annie Judge
6. *Mother's Maiden Name,* Annie E. Hodgson
7. *Mother's Birthplace,* Thomsontown Pa
8. *Full Name of Father,* Jos. E. Judge
9. *Father's Occupation* Hatter
10. *Father's Birthplace,* Phila Pa

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, [illegible]

Remarks, 3975000465

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 670224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 27, 1894
4. *Place of Birth, (Street and Number)* 809 Rose St
5. *Full Name of Mother,* Margret Street
6. *Mother's Maiden Name,* Margret Martin
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fredrick Street.
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 724 Canton St.

Remarks,

0750004657

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 67123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Geboren 27 Juli 95.
4. *Place of Birth, (Street and Number)* S. Bond St. 719
5. *Full Name of Mother,* Lizy Zaremet Bolcer.
6. *Mother's Maiden Name,* Jan Zanecki.
7. *Mother's Birthplace,* Poland.
8. *Full Name of Father,* Mich Zanecki.
9. *Father's Occupation* Porland
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Agnes Hodolus

Address, Thames St. & N Wolfe.

Remarks, Legal.

0 7 5 U 0 0 4 6 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

pertained the full name of each child, (if any shall have
tion of its parents, the date and place of birth; and the
titioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
actioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
the manner and within the period above required, and
mply with the provisions of this section shall be sub-
recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained
been conferred) its sex, color, the full name and occupation of
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commis-
shall occur without the attendance of a physician or practitioner
attendance upon the mother, immediately thereafter it shall be
child to report its birth to the Commissioner of Health, in the m
any such person or persons who shall hereafter fail to comply w
jected to the fine of ten (10) dollars for each offence, to be

RETURN OF A BIRTH. 67054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 July
4. *Place of Birth, (Street and Number)* Eden str. 503
5. *Full Name of Mother,* Mari Molak
6. *Mother's Maiden Name,* Struzik
7. *Mother's Birthplace,* Pole Arope
8. *Full Name of Father,* Albert Molak
9. *Father's Occupation,* Work-man
10. *Father's Birthplace,* Pole Arope

Name of Medical Attendant, or other person who makes this Return, Mary Bell

Address,

Remarks, S. Bond str. 838

1 8 7 5 0 0 0 4 6 5 9

Wm J C. Dulany Co., City Printers and Stationers.

...ccupation of its parents, the date and place of birth; and the ...e practitioner in the form of a certificate between the first and ...he Commissioner of Health. In case the birth of any child ...or practitioner of midwifery, or should no other person be in ...ter it shall become the duty of the person or parents of such ...alth, in the manner and within the period above required, and ...ail to comply with the provisions of this section shall be sub- ...to be recovered as other fines and forfeitures are recoverable.

...been conferred its sex, color, the full name and ... said schedule shall be delivered, duly signed by ... third day of each and every month to the office ... shall occur without the attendance of a physician ... attendance upon the mother, immediately thereafter ... child to report its birth to the Commissioner of ... any such person or persons who shall hereafter ... jected to the fine of ten (10) dollars for each offence, ...

RETURN OF A BIRTH. 67025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 27/95
4. *Place of Birth, (Street and Number)* 153 Spring St
5. *Full Name of Mother,* Bessie Stolyk
6. *Mother's Maiden Name,* Bessie Stolyk
7. *Mother's Birthplace,* Poland Russia
8. *Full Name of Father,* Nicholas Stolyk
9. *Father's Occupation,* Tailor Tailor
10. *Father's Birthplace,* Polish Russia

Name of Medical Attendant, or other person who makes this Return, Peter P Slawansky

Address, 1027 E Lombard St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 67026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 27 - 95
4. Place of Birth, (Street and Number) Md Lying-in Hospital
5. Full Name of Mother, Annie Johnson
6. Mother's Maiden Name, Annie Johnson
7. Mother's Birthplace, Virginia
8. Full Name of Father, unknown
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return J. W. Brown. A.B. M.D.

Address, Maryland Lying-in Hospital Baltimore

Remarks,

1 0 7 5 0 0 0 4 6 6 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) One male & one female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 28 - 1895
4. Place of Birth, (Street and Number) Maryland Lying-in Hosp
5. Full Name of Mother, Eliza Quast
6. Mother's Maiden Name, Eliza Quast
7. Mother's Birthplace, Germany
8. Full Name of Father, unknown
9. Father's Occupation, ———
10. Father's Birthplace, ———

Name of Medical Attendant, or other person who makes this Return, F. H Krown AB. M D

Address, Maryland Lying-in Hospital Entrance

Remarks, In both cases occiput rotated to rear

67027

Wm J C Dulany Co., City Printers and Stationers.

over

RETURN OF A BIRTH. 67028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Carl Louis Treide

3 Dd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W.

3. Date of Birth, July 28 / 95

4. Place of Birth, (Street and Number) 2624 Baltimore Park ac

5. Full Name of Mother, Elizabeth (Price) Treide

6. Mother's Maiden Name, Barth

7. Mother's Birthplace, B. C.

8. Full Name of Father, Henry (E.) (Price) Treide

9. Father's Occupation Merchant

10. Father's Birthplace, B. C.

Name of Medical Attendant, or other person who makes this Return, Geo L. Wiestus
C. M. Broadaway

Address,

Remarks,

0950004663

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 67029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 28th 1895
4. *Place of Birth, (Street and Number)* 1100 Hanover St.
5. *Full Name of Mother,* Mrs Katie Lindeman
6. *Mother's Maiden Name,* Miss " Reichart
7. *Mother's Birthplace,* Baltimora
8. *Full Name of Father,* Harry F. Lindeman
9. *Father's Occupation,* Druggist
10. *Father's Birthplace,* Baltimora

Name of Medical Attendant, or other person who makes this Return. A. J. Carrick M. D.

Address, 1316 Myrtle Ave

Remarks,

8950004664

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RETURN OF A BIRTH. 67030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3. Child
1. *Sex, (state whether male or female)*	White Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born July 28th 1895
4. *Place of Birth, (Street and Number)*	#321 Smallwood, St
5. *Full Name of Mother,*	Mrs. Kate, Eichner
6. *Mother's Maiden Name,*	Miss " Schafer
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	William F. Eichner
9. *Father's Occupation*	Foreman
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hiller
Address,	#2008 N. Henry St
Remarks,	

1895 00 04665

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) Female

3. Date of Birth, July 28/95

4. Place of Birth, (Street and Number) 206 Spring St

5. Full Name of Mother, Minnie Sturotz

6. Mother's Maiden Name, Sturotz

7. Mother's Birthplace, Pompain Russ

8. Full Name of Father, Hirsche Sturotz

9. Father's Occupation, Presser

10. Father's Birthplace, Pompeu Russ

Name of Medical Attendant or other person who makes this Return, Jette Klavansky

Address, 1022 E Lombard St

Remarks,

0 9 5 0 0 0 4 6 6 6

Wm J C. Dulany Co., City Printers and Stationers.

...said conferred on its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 67032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* September 8th

4. *Place of Birth, (Street and Number)* 2264 Fremont St

5. *Full Name of Mother,* Minnie Lee

6. *Mother's Maiden Name,* Minnie Lee

7. *Mother's Birthplace,* Penn Delaware

8. *Full Name of Father,* Henry Lee

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Ann's Co

Name of Medical Attendant, or other person who makes this Return, Mary I Pierce

Address, 2217 Edmondson Ave

Remarks,

0 7 5 0 0 0 4 0 0 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, July 28 1895
4. Place of Birth, (Street and Number) 70 Elbridge St
5. Full Name of Mother, Mary J Lapson
6. Mother's Maiden Name, Mary Rollings
7. Mother's Birthplace, Calvert County Md
8. Full Name of Father, George Johnson
9. Father's Occupation, Seamon Locust point
10. Father's Birthplace, Prince Georges County Md

Name of Medical Attendant, or other person who makes this Return, Eunice Hafford

Address, No 45 Gilford alley

Remarks,

8750004668

Wm J C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* ..... female
2. *Race or Color, (if not of the white race)* ..... White
3. *Date of Birth,* ..... 29th July 95
4. *Place of Birth, (Street and Number)* ..... 1945 W. Pratt St
5. *Full Name of Mother,* ..... Barbara Caroline Barbara Strähleim
6. *Mother's Maiden Name,* ..... Balto
7. *Mother's Birthplace,* ..... James Caroll
8. *Full Name of Father,* ..... Laborer
9. *Father's Occupation* ..... Balto
10. *Father's Birthplace,* ..... Friederike Heuser midwife

Name of Medical Attendant, or other person who makes this Return, ... 2116 W. Pratt St

Address, ...

Remarks, ...

1 8 9 5 0 0 0 4 6 6 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

and occupation of its parents, the date and place of birth; and the
by the practitioner in the form of a certificate between the first and
office of the Commissioner of Health. In case the birth of any child
sician or practioner of midwifery, or should no other person be in
hereafter it shall become the duty of the person or parents of such
of Health, in the manner and within the period above required, and
fail to comply with the provisions of this section shall be sub-
fence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and
said schedule shall be delivered, duly signed by the
third day of each and every month to the office of
shall occur without the attendance of a physician or
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health
any such person or persons who shall hereafter fail to
jected to the fine of ten (10) dollars for each offence, to

67035

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 29th 1895
4. Place of Birth, (Street and Number) #20 E. Lexington St.
5. Full Name of Mother, Caroline Murray
6. Mother's Maiden Name, Caroline Scott
7. Mother's Birthplace, State of Virginia
8. Full Name of Father, James Wesley Murray
9. Father's Occupation Wagon Driver.
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Louisa Stafford

Address, 724 E. Lestant St

Remarks, Healthy Child.

1895000067 0

Wm. J. C. Dulany Co., City Printers and Stationers.

...its parents, the date and place of birth; and the ...in the form of a certificate between the first and ...ssioner of Health. In case the birth of any child ...r of midwifery, or should no other person be in ...become the duty of the person or parents of such ...manner and within the period above required, and ...with the provisions of this section shall be sub- ...ered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 29 th 1895
4. *Place of Birth, (Street and Number)* 215 Franklin Stut
5. *Full Name of Mother,* Maggie Miller
6. *Mother's Maiden Name,* Maggie Jones
7. *Mother's Birthplace,* Philadelphia
8. *Full Name of Father,* John Miller
9. *Father's Occupation* Labarer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Linas Miller

Address, 1600 Holbrook Twrs City

Remarks,

8 9 5 0 0 0 4 6 7 1

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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GIVEN NAME ADDED 7-11-52

67037

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary ~~Elizabeth~~ Holland

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29th July, 1895
4. Place of Birth, (Street and Number) 2915 Hudson St.
5. Full Name of Mother, Lizzie B. Holland
6. Mother's Maiden Name, O'Connor
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John J. Holland
9. Father's Occupation Brakeman
10. Father's Birthplace, Washington Co. Md.

Name of Medical Attendant, or other person who makes this Return. Sarah C. Arrington

Address, 924 Binney St

Remarks,

0950004672

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the
been conferred, duly signed by the practitioner in the form of a certificate between the first and
the office of the Commissioner of Health. In case the birth of any child
every month to the physician or practioner of midwifery, or should no other person be in
attendance of a physician or practioner it shall become the
immediately thereafter it shall be the manner and
the Commissioner of Health, in the manner and within the period above required, and
fail to comply with the provisions of this section shall be sub-
who shall hereafter fail to report its birth to the Commissioner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 29/95
4. Place of Birth, (Street and Number) 745 Caroline St
5. Full Name of Mother, Slota Sachs
6. Mother's Maiden Name, Slota Degovets
7. Mother's Birthplace, Galycia
8. Full Name of Father, Abze Sachs
9. Father's Occupation, Pants Cutter
10. Father's Birthplace, Arabia

Name of Medical Attendant, or other person who makes this Return, Yettve Klavansky

Address, 1622 Lombard St

Remarks,

0 2 5 0 0 0 4 6 7 8

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) July 26/95

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col Mulatto
3. *Date of Birth,* 29 " July
4. *Place of Birth, (Street and Number)* Vincent " 517.
5. *Full Name of Mother,* Edna Carter. Finley
6. *Mother's Maiden Name,* Edna Carter Age 23.
7. *Mother's Birthplace,* Culpeper Co. Va "
8. *Full Name of Father,* Charley Finley. Age 25 Col
9. *Father's Occupation,* hand Canning.
10. *Father's Birthplace,* Kent Co MD Camp Reed.

Name of Medical Attendant, or other person who makes this Return.

Address, 417 Parish st "

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

0 9 5 0 0 0 4 6 7 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 July
4. *Place of Birth, (Street and Number)* 1523 Shakespear str.
5. *Full Name of Mother,* Maria Kapustek
6. *Mother's Maiden Name,* Kapuala
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Andrej Kapustek
9. *Father's Occupation,* Work-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return. Mary Bell

Address, 818 S. Bond str.

Remarks, 1 8 7 5 0 0 0 4 6 7 5

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 29 95
4. *Place of Birth, (Street and Number)* 1121 Saw St
5. *Full Name of Mother,* Hattie Wilson
6. *Mother's Maiden Name,* " Schreiber
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mastan Wilson
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1 6 7 5 0 0 0 4 6 7 6

RETURN OF A BIRTH. 67042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 29th July 1895.
4. *Place of Birth, (Street and Number)* 1336 St Charles St. Balto.
5. *Full Name of Mother,* Nannie Webber Alexander.
6. *Mother's Maiden Name,* Bready.
7. *Mother's Birthplace,* Winchester Va.
8. *Full Name of Father,* William Alexander.
9. *Father's Occupation* Pilot
10. *Father's Birthplace,* Virginia.

Name of Medical Attendant, or other person who makes this Return. Wm Gouge

Address, 711 N Eutaw St

Remarks,

B 7 5 0 0 0 4 6 7 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Each and every person in charge of any institution, public or private, and each and every person having charge of any child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physicin or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Date. July 30/93
4. *Place of Birth, (Street and Number)* 46 E. York Street Balto.
5. *Full Name of Mother,* Lena Berman
6. *Mother's Maiden Name,* Lena Starastin
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Philiph Berman
9. *Father's Occupation* Expressman
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, M. W. Lena Barker

Address, 41 E. York Street Balto

Remarks,

1 6 7 5 0 0 0 4 6 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

being entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 30/ 99
4. *Place of Birth, (Street and Number)* 418 E. Charles St. Balto.
5. *Full Name of Mother,* Kaidie Liever
6. *Mother's Maiden Name,* Kaidie Desiac
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Samuel Liver
9. *Father's Occupation* Country Peddler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, M. W. Lewis & other

Address, 418 E. Lexington & 1 other

Remarks,

B 2500041679

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Child born in this City, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 30/95
4. Place of Birth, (Street and Number) 912 E Baltimore St
5. Full Name of Mother, Tobe Perl
6. Mother's Maiden Name, Perl
7. Mother's Birthplace, Lovcana Russ
8. Full Name of Father, Abram Perl
9. Father's Occupation, Jeweler
10. Father's Birthplace, Lovcana Russ

Name of Medical Attendant or other person who makes this Return, Velta Klavansky

Address, 1022 E Lombard

Remarks, 8750004680

Wm J C. Dulany Co., City Printers and Stationers.

...ness of its parents, the date and place of birth; and the ...ame and occupation of its parents, the date and place of birth; and the ...ame and occupation of its parents, the date and place of birth; and the ...ame and occupation

RETURN OF A BIRTH. 67046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* July 30th - 95
4. *Place of Birth, (Street and Number)* 239 S. Exeter st
5. *Full Name of Mother,* Bessie Fruitz
6. *Mother's Maiden Name,* " Levinson
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Moses H. Fruitz
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Jacob L. Winner M.D.

Address, 1746 Bank st

Remarks,

0 7 5 0 0 0 4 6 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 30th 1895
4. *Place of Birth, (Street and Number)*	1674 Preston St.
5. *Full Name of Mother,*	Ophelia Hawkins
6. *Mother's Maiden Name,*	Ophelia Holliday
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Sylvester Hawkins
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore Co.
Name of Medical Attendant, or other person who makes this Return,	Mary Lacy
Address,	1892 Druid Hill Ave.
Remarks,	Healthy.

8 9 5 0 0 0 4 0 8 2

Wm. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of its parents, the date and place of birth; and the
ner in the form of a certificate between the first and
missioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practicuer of
ll become the duty of the person or parents of such
e manner and within the period above required, and
y with the provisions of this section shall be sub-
overed as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30th of July 95
4. *Place of Birth, (Street and Number)* 335 Payson St
5. *Full Name of Mother,* Julia Barnes
6. *Mother's Maiden Name,* Julia Barnett
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry Barnes
9. *Father's Occupation* Laber
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 206 W. Pratt St.

Remarks,

8750004683

Been conferred) its sex, color, the full name and occupation of its
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissio
shall occur without the attendance of a physician or practicuer of
attendance upon the mother, immediately thereafter it shall becom
child to report its birth to the Commissioner of Health, in the manu
any such person or persons who shall hereafter fail to comply with
jected to the fine of ten (10) dollars for each offence, to be recovered

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GIVEN NAME ADDED 7-30-58

RETURN OF A BIRTH. 67049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Benjamin LeRoy ~~Mc Daniels~~ Smith

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 30 - 95
4. Place of Birth, (Street and Number) 208 N. Broadway
5. Full Name of Mother, Amanda Mc Daniels
6. Mother's Maiden Name, " " Cover
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm F. Mc Daniels
9. Father's Occupation, Hatchman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N. Bond St

Remarks, 8950004684

said schedule shall be delivered, duly signed by the practitioner in the presence of the parents, the date and place of birth; and the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 30 95
4. *Place of Birth, (Street and Number)* 6 W Cross
5. *Full Name of Mother,* Nettie Rutland Kelly
6. *Mother's Maiden Name,* Nettie Rutland
7. *Mother's Birthplace,* Butte.
8. *Full Name of Father,* Lupe Kelly
9. *Father's Occupation,* Dairyman
10. *Father's Birthplace,* Baltimore
- *Name of Medical Attendant,* or other person who makes this Return. Wm Baetjer Jr MD
- *Address,* 5 11 St Anne
- *Remarks,*

B 7 5 0 0 0 4 6 8 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 67051

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~July~~ June 30th
4. Place of Birth, (Street and Number) 1425 W North ave.
5. Full Name of Mother, Alice Johnson
6. Mother's Maiden Name, "
7. Mother's Birthplace, Va
8. Full Name of Father, Geo M Johnson
9. Father's Occupation, City Builder
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, W. F. Hill

Address, 1001 Eden

Remarks,

0750004686

Wm. J. C. Dulany Co., City Printers and Stationers.

...pation of its parents, the date and place of birth; and the ...ctitioner in the form of a certificate between the first and ... Commissioner of Health. In case the birth of any child ...practitioner of midwifery, or should no other person be in ... it shall become the duty of the person or parents of such ... shall occur without the attendance of a physician or practitioner ... immediately thereafter it shall ... attendance upon the mother, immediately thereafter ... in the manner and within the period above required, and ... child to report its birth to the Commissioner of Health, in the ... to comply with the provisions of this section shall be sub- ... any such person or persons who shall hereafter fail ... jected to the fine of ten (10) dollars for each offence, to be ... he recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3 July
4. *Place of Birth, (Street and Number)* S. Dallas st. 833
5. *Full Name of Mother,* Minie Fiedelchl
6. *Mother's Maiden Name,* Gerscheid
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles John Fiedelchl
9. *Father's Occupation,* Steeder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, S. Bond st 838

Remarks, Mary Britt

6 7 5 0 0 0 4 6 8 7

Wm J C. Dulany Co., City Printers and Stationers.

d occupation of its parents, the date and place of birth; and the
y the practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the p
third day of each and every month to the office of the
of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or
cian or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health
reafter it shall become the duty of the person or parents of such
Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail
er fail to comply with the provisions of this section shall be sub-
ence, to be recovered as other fines and forfeitures are recoverable.
jected to the fine of ten (10) dollars for each offence, to

RETURN OF A BIRTH. 67053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, [redacted], &c.)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, July 30/1895
4. Place of Birth, (Street and Number) 109 N Monterey Street.
5. Full Name of Mother, Katie Fischbach.
6. Mother's Maiden Name, " " Wissmer.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Fischbach.
9. Father's Occupation Blacksmith.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Katie Wissmer.

Address, 800 Leadenhall Street

Remarks,

8950004688

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30th
4. *Place of Birth, (Street and Number)* 739 Columbia ave Balto
5. *Full Name of Mother,* Mary Albert
6. *Mother's Maiden Name,* Mary Thies
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Adam Albert
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 744 Lowell

Remarks,

8950021689

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its p
said schedule shall be delivered, duly signed by the practitioner in th
third day of each and every month to the office of the Commission
shall occur without the attendance of a physician or practioner of
attendance upon the mother, immediately thereafter it shall becom
child to report its birth to the Commissioner of Health, in the manne
any such person or persons who shall hereafter fail to comply with t
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 30 1896

4. *Place of Birth, (Street and Number)* 1724 Hanford road

5. *Full Name of Mother,* Eva Schafer.

6. *Mother's Maiden Name,* Eva Riehl

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Henry Schafer.

9. *Father's Occupation* Baker.

10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Aug. A. Clewell M.D.

Address, 1724 Hanford ave.

Remarks, 8950004690

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 30 1895
4. *Place of Birth, (Street and Number)* 115 N Riverside ave
5. *Full Name of Mother,* Mary Hart
6. *Mother's Maiden Name,* Darlock
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Hart
9. *Father's Occupation* Workmann
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwartz

Address, 434 E Fort ave

Remarks,

8 9 5 U 0 0 4 6 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* July 31 1895
4. *Place of Birth, (Street and Number)* 2396 E Lee St
5. *Full Name of Mother,* Ella Hamon
6. *Mother's Maiden Name,* Ella Bates
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Charles Hammon
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 Canton St

Remarks,

8950004692

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67058

GIVEN NAME ADDED 8-6-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lillian ~~Mary~~ Kolb

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 31 '95
4. Place of Birth, (Street and Number) 182 N Biddle St.
5. Full Name of Mother, Maggie Kolb
6. Mother's Maiden Name, " Rapsa
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Lewis Kolb
9. Father's Occupation Brush Maker
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Cardine Miller

Address, 160 Wallace St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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8950004693

RETURN OF A BIRTH. 67059

CERTIFICATE CORRECTED 2-20-59

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Helen Voll

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 31, 1895
4. *Place of Birth, (Street and Number)* 116 Eden Street (South Bldg.)
5. *Full Name of Mother,* Mary Annie (Tall) Voll
6. *Mother's Maiden Name,* Flinn
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* John (Tall) Voll
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Wm. H. Kann for Dr.

Address, Women Relief Assoc., 622 N. Eden St.

Remarks,

, 8 9 5 0 0 0 4 6 9 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July the 31 - 1899
4. *Place of Birth, (Street and Number)*	Ramsay st No 20-11
5. *Full Name of Mother,*	maren Mc Smith
6. *Mother's Maiden Name,*	mary Mc Dean
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John g Smith
9. *Father's Occupation*	clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Selles
Address,	No 1922 William Ave
Remarks,	

8 9 5 0 0 0 1 6 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

9-24-64

GIVEN NAME ADDED,

RETURN OF A BIRTH. 67061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MARGARET Thomas

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th.

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 31 1895
4. *Place of Birth, (Street and Number)* 1128 Riverside ave
5. *Full Name of Mother,* Mary Thomas
6. *Mother's Maiden Name,* Schroder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Conrad
9. *Father's Occupation* Workmann
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Carolina Schmartz

Address, 434 E Fort ave

Remarks,

8 9 5 U 0 0 4 6 9 6

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recoverable as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67062

GIVEN NAME ADDED 7-30-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lula Marie Neal

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, 31 July, 1895
4. Place of Birth, (Street and Number) 201 Druid
5. Full Name of Mother, Kate Neal
6. Mother's Maiden Name, Kate Schwaiz
7. Mother's Birthplace, Balto
8. Full Name of Father, John Neal
9. Father's Occupation Cane Maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 201 N. Druid

Remarks,

8950004697

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RETURN OF A BIRTH. 67063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 31st 1895
4. Place of Birth, (Street and Number) 831 Eaton st
5. Full Name of Mother, Lizzy Hawkins
6. Mother's Maiden Name, Lizzy Baltimore
7. Mother's Birthplace, Levr Corish
8. Full Name of Father, Lavor
9. Father's Occupation Laborer
10. Father's Birthplace, Dorchester County

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams

Address, 910 Leadenhall Street

Remarks, $5. Dollars

Baltimore 6998

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RETURN OF A BIRTH. 67064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 W

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3 ct
4. *Place of Birth, (Street and Number)* 624 S Eastern Ave
5. *Full Name of Mother,* Lena Schneider
6. *Mother's Maiden Name,* " Magnus
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Geo. W. Schneider
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Katie Wunsch

Address, 800 Leadenhall Street

Remarks,

' 8 9 5 0 0 0 4 6 9 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

pation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
r practitioner of midwifery, or should no other person be in
er it shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
l to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.
ected to the fine of ten (10) dollars for each offence, to be re-
said schedule shall be delivered, duly signed by the practi-
third day of each and every month to the office of the Com-
shall occur without the attendance of a physician or pract-
attendance upon the mother, immediately thereafter it sh-
Child to report its birth to the Commissioner of Health, in t-
any such person or persons who shall hereafter fail to co-
been entered its sex, color, the full name and occupation

RETURN OF A BIRTH. 67065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31 July
4. *Place of Birth, (Street and Number)* Estern Ave. 1415
5. *Full Name of Mother,* Marcine Pitlovsky
6. *Mother's Maiden Name,* Fitlifi. Pole
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Josef Pitlovsky
9. *Father's Occupation,* Work-man
10. *Father's Birthplace,* Pus-Pole

Name of Medical Attendant, or other person who makes this Return, Mary Prett

Address, S. Bond str. 838.

Remarks,

B 7 5 0 0 0 4 7 0 0

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twins) (VIII)

1. Sex, (state whether male or female) Boy and Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1/95
4. Place of Birth, (Street and Number) 507 N. Madeira Str.
5. Full Name of Mother, Maggie S. Bischof
6. Mother's Maiden Name, " " Miller
7. Mother's Birthplace, Balto.
8. Full Name of Father, Arnold Bischof
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

8950004701

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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be ascertained the full name of each child, (if any shall have
cupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
ne Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
r it shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* July 1st 1895
4. *Place of Birth, (Street and Number)* 636 Sterling St
5. *Full Name of Mother,* Mary Distance
6. *Mother's Maiden Name,* Brooks
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Joseph Distance
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Francis A. Sams M.D.

Address, 39 N. Caulvert Ave

Remarks,

8 9 5 U 0 0 4 7 0 2

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

d occupation of its parents, the date and place of birth; and the
been conferred. Its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 1/95
4. *Place of Birth, (Street and Number)* 2203 Mc Elderry st.
5. *Full Name of Mother,* Louisa Appel
6. *Mother's Maiden Name,* Fischer
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Appel
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8950004783

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* July 2, 1895.
4. *Place of Birth, (Street and Number)* 215 Druid ave.
5. *Full Name of Mother,* Susan K. Miller.
6. *Mother's Maiden Name,* Wasenkeimer.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Chas. L. Miller.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8750001704

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 2 — 1895
4. *Place of Birth, (Street and Number)* 258 S. Dallas St
5. *Full Name of Mother,* Louise Dockey
6. *Mother's Maiden Name,* Hines
7. *Mother's Birthplace,* North Carolina
8. *Full Name of Father,* Patrick Dockey
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Prince George Co Md

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1927 E Pratt St.

Remarks,

8750004705

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 6-13-35

RETURN OF A BIRTH. 67031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name - Theodore Charles

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race)
3. Date of Birth, July 2d 1895.
4. Place of Birth, (Street and Number) 519 N. Eutaw Str.
5. Full Name of Mother, Bertha Schroeder
6. Mother's Maiden Name, Bertha Danke.
7. Mother's Birthplace, Forst - Germany
8. Full Name of Father, Robert Schroeder
9. Father's Occupation, Cabinet maker.
10. Father's Birthplace, Klopschen - Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. H. Bauermeister (Midwife)

Address, 719 North Eutaw Street

Remarks,

8 9 5 0 0 · 0 4 7 0 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 67092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth,* July 7/98
4. *Place of Birth, (Street and Number)* 30 S Smith
5. *Full Name of Mother,* Martha Smith
6. *Mother's Maiden Name,* Martha Brown
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Geo Smith
9. *Father's Occupation* Lab
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Jane Maitland

Address,

Remarks,

B 4 5 0 0 0 4 7 0 7

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 67013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) 2nd

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 3- 1895
4. *Place of Birth, (Street and Number)* No 1 Bradford St
5. *Full Name of Mother,* Josephine Brandt.
6. *Mother's Maiden Name,* Josephine Steckman.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Emil Brandt.
9. *Father's Occupation* Wood Carver.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, F. Camillieri

Address, #2400 E. Baltr St.

Remarks, Name of baby (Walter F. Brandt)

8950004708

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall and every month to the office of the Commissioner of Health. In case other person be in third day of each and every month of a physician or practitioner in the form of a certificate the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions

RETURN OF A BIRTH. 67074

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	July 3rd 1895
4. *Place of Birth (Street and Number)*	222 N Front St
5. *Full Name of Mother*	Leah Jacobs
6. *Mother's Maiden Name*	Leah Solomon
7. *Mother's Birthplace*	Russia
8. *Full Name of Father*	Abraham Jacobs
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Russia
Name of Medical Attendant, or other Person who makes this return	Same Joseph Md
Address	314 N Eutaw St
Remarks	

8950004709

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 67075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	July 3. 1895.
4. *Place of Birth, (Street and Number)*	1711 W Pitcher st
5. *Full Name of Mother,*	Nannie Luckins
6. *Mother's Maiden Name,*	Nannie Boller
7. *Mother's Birthplace,*	Essex Co Va
8. *Full Name of Father,*	Jonathan Luckins
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Essex Co
Name of Medical Attendant, or other person who makes this Return.	G. W. Slater M.D.
Address,	1634 W. Fayette st
Remarks,	

8950004710

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67076 1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 4 — 1895
4. *Place of Birth, (Street and Number)* 1928 S. Caroline St,
5. *Full Name of Mother,* Ella E. Quinn
6. *Mother's Maiden Name,* Gorman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James E. Quinn
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Flinn

Address, 1427 E. Oratt St.

Remarks,

8750047111

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 67077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3 *Date of Birth,*	4 July
4. *Place of Birth, (Street and Number)*	No 601 north Sashon St
5. *Full Name of Mother,*	Lottie anne atkinson Hasson
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Barid in Baltimore City
8. *Full Name of Father,*	Jonas F Hassan
9. *Father's Occupation,*	Street Car Conductor
10. *Father's Birthplace,*	Barid in Baltimore City
Name of Medical Attendant, or other person who makes this Return,	Mi Fa Seaman
Address,	313 west Baltimore St
Remarks,	Strong & Healthy Child
	not vaccinated

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 69078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 July 95
4. *Place of Birth, (Street and Number)* 1114 E. Baltimore St
5. *Full Name of Mother,* Julia Burach
6. *Mother's Maiden Name,* Julia Kisler
7. *Mother's Birthplace,* Bapemia
8. *Full Name of Father,* Peter Burach
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bahemia

Name of Medical Attendant, or other person who makes this Return, Stephan Conrad

Address. 1621 Barnes St Balto Md

Remarks,

84500047 13

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 67079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 5 / 95
4. *Place of Birth, (Street and Number)* 135 N. Chapel Str.
5. *Full Name of Mother,* Annie Baer
6. *Mother's Maiden Name,* " Weisel
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Baer
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

8950064714

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been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 5 95
4. *Place of Birth, (Street and Number)* 242 S. Chapel St.
5. *Full Name of Mother,* Louisa Davis
6. *Mother's Maiden Name,* " First
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Joseph Davis
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 V 5 0 0 0 4 7 1 5

RETURN OF A BIRTH. 67081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 5 95
4. *Place of Birth, (Street and Number)* 1215 Bank Ste.
5. *Full Name of Mother,* Susana Curran
6. *Mother's Maiden Name,* " Behrens
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* James Curran
9. *Father's Occupation* Laberer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Ste.

Remarks,

8 9 5 0 0 0 4 7 1 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67082 C

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 5 95
4. *Place of Birth, (Street and Number)* 208 N. Wolfe Str.
5. *Full Name of Mother,* Mary Schmitt
6. *Mother's Maiden Name,* Bauty
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo. Schmitt
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Diesenhofer

Address, 2225 Gough St.

Remarks,

8950004717

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 July 95
4. *Place of Birth, (Street and Number)* 1437 Prospect Lane
5. *Full Name of Mother,* Maggia Stickler
6. *Mother's Maiden Name,* Maggia Honck
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Antone Stickler
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Josephean Conrad

Address 621 Barnes Str Balto Md

Remarks,

8950004718

Wm. J. C. Dulany Co., City Printers and Stationers.

...ccupation of its parents, the date and place of birth; and the ... practitioner in the form of a certificate between the first and ... of the Commissioner of Health. In case the birth of any child ... or practioner of midwifery, or should no other person be in ... shall occur without the attendance of a physician or prac... attendance upon the mother, immediately thereafter it sh... child to report its birth to the Commissioner of Health, in ... any such person or persons who shall hereafter fail to com... jected to the fine of ten (10) dollars for each offence, to be r... said schedule shall be delivered, duly signed by the ... third day of each and every month to the ... shall occur without the attendance of a ... attendance upon the mother, immediately ... child to report its birth to the Commissioner ... any such person or persons who shall ... jected to the fine of ten (10) dollars for ... to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 6/15
4. *Place of Birth, (Street and Number)* 234 N. Patterson Park Ave.
5. *Full Name of Mother,* Lina Klitt
6. *Mother's Maiden Name,* " Dolphin
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* William Klitt
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

0950064719

...and occupation of its parents, the date and place of birth; and the ...by the practitioner in the form of a certificate between the first and ...ice of the Commissioner of Health. In case the birth of any child ...cian or practioner of midwifery, or should no other person be in ...reafter it shall become the duty of the person or parents of such ...r Health, in the manner and within the period above required, and ...fail to comply with the provisions of this section shall be sub- ...ence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 5th

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, July 6, 1895
4. *Place of Birth*, (*Street and Number*) 733 N. Lexington
5. *Full Name of Mother*, Mary E. Pettitt.
6. *Mother's Maiden Name*, Mary E. Henderson.
7. *Mother's Birthplace*, Maryland
8. *Full Name of Father*, Emmett L. Pettitt.
9. *Father's Occupation*, Manager Installment House
10. *Father's Birthplace*, Virginia

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke, M.D.

Address, 914 N. Charles St.

Remarks,

8950001720

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 67086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 7-95
4. *Place of Birth, (Street and Number)* 430 E Lemmon
5. *Full Name of Mother,* Mrs James Ann Oliver
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Chas Oliver
9. *Father's Occupation* B&O R.R.
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, E. E. Ellenath

Address, Union Bay

Remarks,

8950004721

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 67087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 7 95
4. *Place of Birth, (Street and Number)* 2426 Lancaster Str.
5. *Full Name of Mother,* Bertha Weber
6. *Mother's Maiden Name,* " Mainschein
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Henry Weber
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dejaenhofer

Address, 2225 Gough St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or person in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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1 0 7 5 0 0 2 4 7 2 2

RETURN OF A BIRTH. 67088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 7/95
4. Place of Birth, (Street and Number) 13. S. Castle St.
5. Full Name of Mother, Mary O'Neil
6. Mother's Maiden Name, " Goldin
7. Mother's Birthplace, England
8. Full Name of Father, Patrick O'Neil
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8950004723

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3/15/50

RETURN OF A BIRTH. 67084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mabel Wilson

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) First

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* July 7 1895
4. *Place of Birth,* (*Street and Number*) 1112 Myrtle Ave.
5. *Full Name of Mother,* Mary J. Wilson
6. *Mother's Maiden Name,* Mary L. Slade
7. *Mother's Birthplace,* Balto County
8. *Full Name of Father,* James L. Wilson
9. *Father's Occupation,* Book Keeper
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke

Address, 914 N. Charles St.

Remarks,

6 9 5 0 0 0 4 7 2 4

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...ertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 7/95
4. *Place of Birth, (Street and Number)* 414 W. Pratt St.
5. *Full Name of Mother,* Lena Agnes Landis
6. *Mother's Maiden Name,* Robey
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Thomas Robert Landis
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Philada. Pa.

Name of Medical Attendant, or other person who makes this Return, H. W. Webner M.D.

Address, 723 W. Lombard St

Remarks, Natural Labor,

8950004725

month and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 67091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 8, 1895
4. *Place of Birth, (Street and Number)* 838 N. Lumbard St
5. *Full Name of Mother,* Lily M. Sumalt
6. *Mother's Maiden Name,* Lily M. Llewellyn
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Robert A Sumalt
9. *Father's Occupation,* Plumber
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke

Address, 914 N. Charles St.

Remarks,

84500047725

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tained the full name of each child (if any shall have
n of its parents, the date and place of birth; and the
tioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 8/95
4. *Place of Birth, (Street and Number)* 201 N. Milton Ave.
5. *Full Name of Mother,* Clara Reiss
6. *Mother's Maiden Name,* " Ritter
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William Reiss
9. *Father's Occupation* Cannmaker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

B 1 5 0 0 0 4 7 2 7

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 8/95
4. Place of Birth, (Street and Number) 116 N. Bradford Ste.
5. Full Name of Mother, Clara A. Getner
6. Mother's Maiden Name, " " Manthey
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob H. Getner
9. Father's Occupation Cigarmaker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Diesenhofer

Address, 2225 Gought Ste.

Remarks,

8950007728

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been entered its sex, color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 8th 1895
4. *Place of Birth, (Street and Number)* Pow-hatten
5. *Full Name of Mother,* Elizabeth Poulsen
6. *Mother's Maiden Name,* Phillips
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Peter Poulsen
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Denmark

Name of Medical Attendant, or other person who makes this Return, Hen. E. Miller, M.D.

Address, 2239 Pennsylvania Ave

Remarks,

6 9 5 0 0 0 4 7 2 9

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 9 — 1895
4. Place of Birth, (Street and Number) 402 S. Eden St.
5. Full Name of Mother, Mary Gerlach
6. Mother's Maiden Name, Weitzel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fredrick Gerlach
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 427 E. Fratt St.

Remarks,

8950004730

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1. *Sex, (state whether male or female)*	Female—
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 9th 1895
4. *Place of Birth, (Street and Number)*	2106 Etting st
5. *Full Name of Mother,*	Mary Brafton
6. *Mother's Maiden Name,*	" Berry
7. *Mother's Birthplace,*	Balto Co- Md-
8. *Full Name of Father,*	George Brafton -
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	W B Hawkins
Address,	N.W Cor. Green & Mulberry st
Remarks,	

8950004731

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ABBED. 5-9-57

RETURN OF A BIRTH. 67097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Laura Elnora ~~Rockford~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 10 Dec 1895
4. *Place of Birth, (Street and Number)* 838 N Eden St
5. *Full Name of Mother,* Maggie Rockford
6. *Mother's Maiden Name,* Maggie Barry
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* George Rockford
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore md.

Name of Medical Attendant, or other person who makes this Return, Mrs. D Bird Skidmore

Address, 1417 E Eager St.

Remarks,

8 4 5 0 0 1 7 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

67098

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 10/95
4. Place of Birth, (Street and Number) 2325 Castle Str.
5. Full Name of Mother, Louisa Oelschlager
6. Mother's Maiden Name, " Strohhecker
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Oelschlager
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

1895 0 0 4 7 3 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 67099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* July 10-95
4. *Place of Birth, (Street and Number)* 30 & S. Mount St
5. *Full Name of Mother,* Annie M. Thorle
6. *Mother's Maiden Name,* Merson
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* James M. Thorle
9. *Father's Occupation,* Produce Dealer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. J. H. McCormick M.D.

Address, 101 N Fulton Ave

Remarks,

8 4 5 0 0 0 4 7 3 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The full name of each child, if any shall have been ascertained the full name can be ascertained the same can be set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* July 11, 1895.
4. *Place of Birth, (Street and Number)* 1439 Roland ave.
5. *Full Name of Mother,* Sarah Wyatt Reynolds.
6. *Mother's Maiden Name,* Broom.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Robert Fuller Reynolds
9. *Father's Occupation* Clerk.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave

Remarks,

1895000004735

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 12th 1895
4. Place of Birth, (Street and Number) N. Patapsco
5. Full Name of Mother, Mary E Rose
6. Mother's Maiden Name, Mary E Batchelor
7. Mother's Birthplace, Maryland
8. Full Name of Father, William A Rose
9. Father's Occupation, Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Anne D. Kubach Midwife

Address, 2438 Elliott ST

Remarks, 8450004734

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 12/95
4. *Place of Birth, (Street and Number)* 1908 Alice Ann St.
5. *Full Name of Mother,* Lina Volmer
6. *Mother's Maiden Name,* " Barnett
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Thomas Volmer
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8 9 5 0 0 0 4 7 3 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 12 - 95
4. *Place of Birth, (Street and Number)*	351 E Cylvania St
5. *Full Name of Mother,*	Mrs Annie Fresis Eckman
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Henry Eckman
9. *Father's Occupation*	Bkr
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	E. E. Ullman
Address,	Lemon Square
Remarks,	

6 9 5 0 0 0 4 7 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained
been conferred) its sex, color, the full name and occupation of its
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commiss
shall occur without the attendance of a physician or practitioner
attendance upon the mother, immediately thereafter it shall bec
child to report its birth to the Commissioner of Health, in the ma
any such person or persons who shall hereafter fail to comply wi
jected to the fine of ten (10) dollars for each offence, to be recovere

RETURN OF A BIRTH. 67104.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 12. 1895
4. *Place of Birth, (Street and Number)* 639 W. Pratt st Balti City
5. *Full Name of Mother,* Sophai. Boecker
6. *Mother's Maiden Name,* Sophai. Buchert
7. *Mother's Birthplace,* Balti City
8. *Full Name of Father,* Henry Boecker
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Balti City

Name of Medical Attendant, or other person who makes this Return, M. A. Leddy

Address, 1009 E. Lexington St

Remarks,

8750004739

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 12th 1895
4. *Place of Birth, (Street and Number)* N W Cor O'Donnell & Curley
5. *Full Name of Mother,* Magie Stortz
6. *Mother's Maiden Name,* Magie Hoffman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Geo Stortz
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Anne D. Kulaok Midwife

Address, 2838 Elliott s Balto

Remarks,

1895 0 0 0 4 7 4 0

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* July 13, 1895.
4. *Place of Birth, (Street and Number)* 321 Cedar ave.
5. *Full Name of Mother,* Annie Mary Watkins
6. *Mother's Maiden Name,* McDonald.
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Howard Watkins.
9. *Father's Occupation* Blacksmith.
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Chas W. Mitchell M.D.

Address, 291 Christian ave.

Remarks,

B 95000 4741

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 14 95
4. *Place of Birth, (Street and Number)* 222 N. Rose Str.
5. *Full Name of Mother,* Augusta Hoeres
6. *Mother's Maiden Name,* " Rbeling
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Hoeres
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Daisenhofer

Address, 2225 Gough Str.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

6 9 5 0 0 0 4 7 4 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 14/95
4. *Place of Birth, (Street and Number)* 117 N. Bradford Str.
5. *Full Name of Mother,* Veronika Mengele
6. *Mother's Maiden Name,* " Fuckslager
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Mengele
9. *Father's Occupation* Stevendore
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gought Str.

Remarks,

8 x 5 0 0 0 4 7 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

and occupation of its parents, the date and place of birth; and the
by the practitioner in the form of a certificate between the first and
office of the Commissioner of Health. In case the birth of any child
sician or practioner of midwifery, or should no other person be in
shall occur without the attendance of a physician
attendance upon the mother, immediately thereafte
hereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Hea
of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail
ter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence,
offence, to be recovered as other fines and forfeitures are recoverable.
been conferred) its sex, color, the full name and
said schedule shall be delivered, duly signed by the
third day of each and every month to the office o

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67109 c

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 14 Feb 1900 Constitution Sq
4. *Place of Birth, (Street and Number)* Maria Kelly
5. *Full Name of Mother,* Maria Kelly
6. *Mother's Maiden Name,* Ward
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Peter Kelly
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. Bridget Heathcote

Address, 417 E Fayette

Remarks, 8950004744

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67110 C

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Finest

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* July 14th 1895

4. *Place of Birth, (Street and Number)* 927 W. Saratoga St

5. *Full Name of Mother,* Ella May.

6. *Mother's Maiden Name,* " Fredericks.

7. *Mother's Birthplace,* Philadelphia Pa.

8. *Full Name of Father,* Wm May,

9. *Father's Occupation,* Laborer,

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs Dudley,

Address, 1004 West Lexington St

Remarks,

8 2 5 0 0 0 4 7 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

...births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the ... of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or ... attendance upon the mother, immediately thereafter it ... child to report its birth to the Commissioner of Health, ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* June 15/95
4. *Place of Birth, (Street and Number)* 13 N Bruce
5. *Full Name of Mother,* Mary Jamieson
6. *Mother's Maiden Name,* Mary Johnson
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Henry Jamieson
9. *Father's Occupation* Lab'r
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Jane Woodland

Address,

Remarks,

8950047[illegible]

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it, shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* July 15 1896.
4. *Place of Birth, (Street and Number)* 1634 Poland ave.
5. *Full Name of Mother,* Laura J. Hess.
6. *Mother's Maiden Name,* McDonald.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* John Hess.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. Edward H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

0 9 5 0 0 0 4 7 4 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67113 C

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 15th 95.
4. *Place of Birth, (Street and Number)* 2015 E. Biddle st.
5. *Full Name of Mother,* Elizabeth Smith
6. *Mother's Maiden Name,* Elizabeth Bartholomeus
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* John Smith
9. *Father's Occupation,* Wood Moulder
10. *Father's Birthplace,* Washington D. C.

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Meyer M. D.

Address, 1019 N. Caroline st.

Remarks,

8 4 5 0 0 0 4 7 4 8

Wm J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

67114

RETURN OF A BIRTH.

NAME ADDED 9/9/64

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, James Littleton Morgan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third 3. all Male

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 15 /95

4. Place of Birth, (Street and Number) 1020 Lakadenhall St

5. Full Name of Mother, Theresa M. Morgan.

6. Mother's Maiden Name, " M. Slaine

7. Mother's Birthplace, Balto Md.

8. Full Name of Father, Henry Winter Morgan.

9. Father's Occupation Roofer

10. Father's Birthplace, Pennsboro W. Va.

Name of Medical Attendant, or other person who makes this Return, Mrs Taylor.

Address,

Remarks,

8 9 5 H 0 0 4 7 4 9

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the full name of each child, (if any shall have
as the same can be ascertained, the full
parents, the date and place of birth; and the
a certificate between the first and
the form of the practitioner in the
case the birth of any child
sioner of Health. In case the birth of any child
of midwifery, or should no other person be in
come the duty of the person or parents of such
period above required, and
manner and within the provisions of this section shall be sub-
ject to the penalties and forfeitures are recoverable.
red as other fines and forfeitures

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 15th July
4. *Place of Birth, (Street and Number)* 624 Eastern Ave.
5. *Full Name of Mother,* Annie Healy
6. *Mother's Maiden Name,* Annie Kelly
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James F. Healy
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. D. Bridget Sheridan

Address, 1417 E. Eager St

Remarks, 8 4 5 0 0 0 1 7 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

67116

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 15/95
4. *Place of Birth, (Street and Number)* 201 N. Patterson Park Ave.
5. *Full Name of Mother,* Louisa Ruth Schleupner
6. *Mother's Maiden Name,* " Batto.
7. *Mother's Birthplace,* John Ruth
8. *Full Name of Father,* Stevendore
9. *Father's Occupation* Batto.
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1225 Gough St.

Remarks,

1 8 9 5 0 0 0 4 7 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 15 Dec 1895
4. *Place of Birth, (Street and Number)* 502 N. Patterson Avenue
5. *Full Name of Mother,* Annie Wilhelmina Smith
6. *Mother's Maiden Name,* Annie Wilhelmina Bonisch
7. *Mother's Birthplace,* Vienna Austria
8. *Full Name of Father,* Louis Smith
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Balto md

Name of Medical Attendant, or other person who makes this Return, Wilhelmina Smith

Address, 502 N. Baltimore St Balto md

Remarks,

8950004752

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 15 July
4. *Place of Birth, (Street and Number)* 365 N Pulaski St
5. *Full Name of Mother,* Jane Bennett
6. *Mother's Maiden Name,* Jane Brown
7. *Mother's Birthplace,* Calvert Co Md
8. *Full Name of Father,* Clark Bennett Jr
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Calvert Co

Name of Medical Attendant, or other person who makes this Return, Keziah Franklin

Address, 216 N Eutaw St

Remarks,

B 7 5 0 0 0 4 7 5 3

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 15 1895
4. *Place of Birth, (Street and Number)* Jefferson at 20th
5. *Full Name of Mother,* Lillie F Friesen Bethel
6. *Mother's Maiden Name,* Garner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Julius F Friesen
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kahle

Address, 270 Lingan st

Remarks,

, 8950004754

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Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; and the practitioner or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex; color, the full name of each child, (if any shall have
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 15th 1895
4. *Place of Birth, (Street and Number)* 619 Cross st.
5. *Full Name of Mother,* Hinia Johnson
6. *Mother's Maiden Name,* - - -
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Robert Hopkins
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Annapolis Md

Name of Medical Attendant, or other person who makes this Return, W.B. Hawkins

Address, Cor Lyon & Mulberry st

Remarks,

6 7 5 0 0 0 1 7 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* July 16, 1896.
4. *Place of Birth, (Street and Number)* 1732 Hind ave.
5. *Full Name of Mother,* Lavinia E. Wagner.
6. *Mother's Maiden Name,* Knight.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* William Wagner.
9. *Father's Occupation* Asst. Topographical Survey.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. N. Entwisle M.D.

Address, 291 Chestnut ave.

Remarks,

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov 24th 1895
4. *Place of Birth, (Street and Number)* 836 Eutaw St
5. *Full Name of Mother,* Annie Weiss
6. *Mother's Maiden Name,* Annie Stengel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jennie L. Weiss
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Lizzie Hendrix

Address, 1417 E. Eager St

Remarks, 8950004757

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 16 July
4. *Place of Birth, (Street and Number)* 630, Completion &
5. *Full Name of Mother,* Bridget Barry
6. *Mother's Maiden Name,* B. Jennings
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* William Barry
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Fatherwood Md.

Name of Medical Attendant, or other person who makes this Return, Wm. A. Pirt Meredith

Address,

Remarks,

8450004758

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 16 1895
4. *Place of Birth, (Street and Number)* Chapple st 511
5. *Full Name of Mother,* Barbara Klein
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Charles Klein
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Murphy

Address, N Washington 205

Remarks,

8950004759

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67/25

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 17/95
4. *Place of Birth, (Street and Number)* 2418 Canton Ave.
5. *Full Name of Mother,* Maggie Pfister
6. *Mother's Maiden Name,* " Ott
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Pfister
9. *Father's Occupation* Cannmaker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Leisenhofer

Address, 2225 Gough St.

Remarks,

been conferred) its sex, color, the full name and o... the same can be ascertained, the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the... and occupation of its parents, the date and place of birth; and the third day of each and every month to the office ... by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician ... office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter ... physician or practioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 67126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 17 / 95
4. *Place of Birth, (Street and Number)* 2025 Orleans Str.
5. *Full Name of Mother,* Mary Buttenbolm
6. *Mother's Maiden Name,* " Hein
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William Buttenbolm
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gaught Str

Remarks,

8 X F 0 0 0 4 7 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Whenever a birth occurs, the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67127 c

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* July 17th 1895
4. *Place of Birth, (Street and Number)* 1114 Potomac St Balto
5. *Full Name of Mother,* Sadie Ketchum
6. *Mother's Maiden Name,* Saidie Callan
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* David Ketchum
9. *Father's Occupation,* Stevedore
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Anna D. Kubach Midwife

Address, 2638 Elliott Balto

Remarks,

0750004762

Wm J C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, (if any shall have occupation of its parents, the date and place of birth; and the e practitioner in the form of a certificate between the first and the Commissioner of Health. In case the birth of any child or practitioner of midwifery, or should no other person be in ter it shall become the duty of the person or parents of such lth, in the manner and within the period above required, and ail to comply with the provisions of this section shall be sub- to be recovered as other fines and forfeitures are recoverable.

SAFETY FILM

RETURN OF A BIRTH. 67128 C

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 17 1895
4. *Place of Birth, (Street and Number)* Rear 1627 W 308
5. *Full Name of Mother,* Lisette Eichorn
6. *Mother's Maiden Name,* Kaese
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Leo Eichorn
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Labor

Name of Medical Attendant, or other person who makes this Return Mary Cooper MD

Address, 1 Washington 205

Remarks,

8950004763

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 18 95
4. *Place of Birth, (Street and Number)* 206 S. Madeira Str.
5. *Full Name of Mother,* Louisa Carrigan
6. *Mother's Maiden Name,* " Thalen
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo. Carrigan
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Ohio.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

0 7 5 0 0 0 4 7 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15 July 95
4. *Place of Birth, (Street and Number)* 618 Barnes St
5. *Full Name of Mother,* Rosia Conrad
6. *Mother's Maiden Name,* Rosia Turik
7. *Mother's Birthplace,* Bahemia
8. *Full Name of Father,* Andrew Conrad
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Josephan Conrad

Address, 621 Barnes St Balto Md

Remarks,

8950004765

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male Female Carroll Morgan

2. *Race or Color, (if not of the white race)* Colored.

3. *Date of Birth,* July 18, 1895.

4. *Place of Birth, (Street and Number)* 327 28½ St.

5. *Full Name of Mother,* Mattie E. Morgan.

6. *Mother's Maiden Name,* Ensor

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,* James K. Morgan.

9. *Father's Occupation* Motorman.

10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return Chas. H. Mitchell M.D.

Address, 29 Chestnut ave.

Remarks, Mattie E. Morgan 6/9/36
Mother

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can been conferred) its sex, color, the full name and o said schedule shall be delivered, duly signed by the third day of each and every month to the office shall occur without the attendance of a physician attendance upon the mother, immediately thereaf child to report its birth to the Commissioner of Hea any such person or persons who shall hereafter fail jected to the fine of ten (10) dollars for each offence. of the births which have occurred under his or her care during the ne can be ascertained the full name of each child, (if any shall have e and occupation of its parents, the date and place of birth, and the l by the practitioner in the form of a certificate between the first and office of the Commissioner of Health. In case the birth of any child ysician or practioner of midwifery, or should no other person be in thereafter it shall become the duty of the person or parents of such of Health, in the manner and within the provisions of this section shall be sub- ter fail to comply with the period above required, and offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 13 1895
4. *Place of Birth, (Street and Number)* 1611 No. Eldery St.
5. *Full Name of Mother,* Anna Margretta Miller
6. *Mother's Maiden Name,* Lees
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Wilhelm Miller
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 427 E. Pratt St.

Remarks,

1895 0004767

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner aud within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 18 — 1895
4. *Place of Birth, (Street and Number)* 529 S. Bond St.
5. *Full Name of Mother,* Anna Miller
6. *Mother's Maiden Name,* Distler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Miller
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Meire

Address, 1427 E. Pratt St.

Remarks,

8950047668

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) James Stanley ~~Oliver~~ Kirk 1½

1. Sex, (state whether male or female) ~~Female~~ male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 14/95
4. Place of Birth, (Street and Number) 1911 Mt Royal Ave
5. Full Name of Mother, Mary Ann Kirk
6. Mother's Maiden Name, Mary Ann O'Brien
7. Mother's Birthplace, Balto
8. Full Name of Father, Alvin Kirk
9. Father's Occupation, Rail Road
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Madison av

Remarks, CERTIFICATE CORRECTED 5-21-57 B.M. City

1 8 9 5 0 0 0 4 7 6 9

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 18 — 1895
4. *Place of Birth, (Street and Number)* 1524 Eastern Ave.
5. *Full Name of Mother,* Barbara C. Omeis
6. *Mother's Maiden Name,* Kessler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Omeis
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1429 E. Pratt St.

Remarks,

8950004770

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 67136 c

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 18/95
4. Place of Birth, (Street and Number) 1172 Hamburg St.
5. Full Name of Mother, Annie Estella Kroener
6. Mother's Maiden Name, Fish
7. Mother's Birthplace, Newmarket Dorchester Co. Md.
8. Full Name of Father, George T. Kroener
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. H. W. Webner M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor

1 8 7 5 0 0 4 7 7 1

Wm J C. Dulany Co., City Printers and Stationers.

Health, the birth of each child born alive within the City of Baltimore shall be reported to the Registrar of Vital Statistics within ten days after such birth, and the full name of each child, if any shall have been given it, shall be entered in the record of birth; and the full names of its parents, the date and place of birth, and the usual residence of its parents, the date and place of birth of each parent, the number of children born to the mother, and the number of its parents, the date and place of a certificate of the birth of any child born without the attendance of a physician or midwife, shall be given to the parent or person having charge of the child by the Commissioner of Health. In case the birth of any child born without the attendance of a physician or midwifery, or should no other person be in attendance, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 18 1875
4. *Place of Birth, (Street and Number)* Dundalk ave 230
5. *Full Name of Mother,* Sophie Pickava
6. *Mother's Maiden Name,* Sacha
7. *Mother's Birthplace,* Bohemien
8. *Full Name of Father,* Johannen Pickava
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohemien

Name of Medical Attendant, or other person who makes this Return, Mary Koptis

Address, N Washington st 205

Remarks,

B 9 5 0 0 0 4 7 7 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 17 1895
4. *Place of Birth, (Street and Number)* Ann st 705
5. *Full Name of Mother,* Etta Linkauskas
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohaimen
8. *Full Name of Father,* John Linkauskas
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Bohaimen

Name of Medical Attendant, or other person who makes this Return Mary Shaftis

Address, N Washington st 205

Remarks,

B75000477 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 19, 1895.
4. Place of Birth, (Street and Number) 620 Roland ave.
5. Full Name of Mother, Verta A. E. Kyle.
6. Mother's Maiden Name, Park.
7. Mother's Birthplace, New York.
8. Full Name of Father, E. V. Kyle.
9. Father's Occupation Medical Student.
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, Edward A. Mitchell M.D.

Address, 291 Chestnut ave

Remarks,

1895 0004774

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 67140 V

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 19 — 1895
4. *Place of Birth, (Street and Number)* 1021 Eastern Ave.
5. *Full Name of Mother,* Elizabeth Finly
6. *Mother's Maiden Name,* Schmidt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Frank Finly
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Eratt St.

Remarks,

1895004775

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall be the duty of midwifery, or should no other person be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 19th July 1895
4. *Place of Birth, (Street and Number)* 682 Columbia Ave
5. *Full Name of Mother,* Wilhelmine Lauschke
6. *Mother's Maiden Name,* " " Bucher
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Paul R. Lauschke
9. *Father's Occupation,* Silver Beater
10. *Father's Birthplace,* Dresden (Germany)

Name of Medical Attendant, or other person who makes this Return, Miss R. Mannel (Midwife)

Address, 719 N. Eutaw St.

Remarks,

8950004776

Wm J C. Dulany Co., City Printers and Stationers.

...which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	19th July 1895
4. *Place of Birth, (Street and Number)*	1145 Hanburst St
5. *Full Name of Mother,*	Sarah Anne Richards
6. *Mother's Maiden Name,*	" " Jenkins
7. *Mother's Birthplace,*	Swansea. S. Wales.
8. *Full Name of Father,*	David Richards
9. *Father's Occupation,*	Roller Man
10. *Father's Birthplace,*	Swansea. S. Wales
Name of Medical Attendant, or other person who makes this Return.	James Cooper
Address,	1322 Hull St.
Remarks,	

B 9 5 0 0 0 4 7 7 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 July 95
4. *Place of Birth, (Street and Number)* 418 Duncan al
5. *Full Name of Mother,* Mary Straka
6. *Mother's Maiden Name,* Mary Klasek
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Klasek
9. *Father's Occupation* Laber
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Josephan Conrad

Address, 1621 Barnes St Balto Md

Remarks, Twins

1895 U 004778

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Name of Child: Johanna Elizabeth Engel

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 20 95
4. Place of Birth, (Street and Number) 2424 E. Fayette St.
5. Full Name of Mother, Louisa Engel
6. Mother's Maiden Name, " Weber
7. Mother's Birthplace, Balto.
8. Full Name of Father, Christian Engel
9. Father's Occupation Builder
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return Mrs. Dexenhofer

Address, 2225 Gough St.

Remarks,

8 9 5 0 0 4 7 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-19-57

RETURN OF A BIRTH. 6145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Dorothy Margarett Metzger 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 20 1895
4. Place of Birth, (Street and Number) 413 S. Bond St.
5. Full Name of Mother, Annie Metzger
6. Mother's Maiden Name, Leit
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Phillip Metzger
9. Father's Occupation Brass-Finisher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks,

8 9 5 0 0 0 4 7 8 0

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 20 95
4. *Place of Birth, (Street and Number)* 202 Stricker Str.
5. *Full Name of Mother,* Margaretha Reisel
6. *Mother's Maiden Name,* " Baier
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Reisel
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Jas. Deisenhofer

Address, 2225 Gough St.

Remarks,

8950004704

Wm. J. C. Dulany Co., City Printers and Stationers.

me on blank schedule, to be furnished by the Commissioner of
the births which have occurred under his or her care during the
an be ascertained the full name of each child, (if any shall have
d occupation of its parents, the date and place of birth; and the
the practitioner in the form of a certificate between the first and
ce of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* July 20, 1895.
4. *Place of Birth, (Street and Number)* 541 Fourth ave.
5. *Full Name of Mother,* Elmira Thompson.
6. *Mother's Maiden Name,* Phillips.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* William Arthur Thompson.
9. *Father's Occupation* Police officer.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. M. Mitchell 2nd

Address, 291 Chestnut ave.

Remarks,

8950004782

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Dec 22nd 1895
4. *Place of Birth, (Street and Number)* 1335 Eutaw st
5. *Full Name of Mother,* Elizabeth Crawford
6. *Mother's Maiden Name,* Knaus
7. *Mother's Birthplace,* Ohio
8. *Full Name of Father,* George W. Crawford
9. *Father's Occupation* Fitter
10. *Father's Birthplace,* Montgomery Co

Name of Medical Attendant, or other person who makes this Return, Mrs L. E. Brooks

Address, 1328 Eutaw st

Remarks, Bona Well

8950004783

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colute
3. *Date of Birth,* July 20 1895
4. *Place of Birth, (Street and Number)* Post at 116
5. *Full Name of Mother,* Mary Novak
6. *Mother's Maiden Name,* Filipowky
7. *Mother's Birthplace,* Austria
8. *Full Name of Father,* Joseph Novak
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Drahtis

Address, N Washington st 5

Remarks,

8 9 5 0 0 0 4 7 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 67150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	—
3. *Date of Birth,*	July 21st 1895
4. *Place of Birth, (Street and Number)*	1003 Walbrook Ave
5. *Full Name of Mother,*	Lotta Louisa Holtz
6. *Mother's Maiden Name,*	Lotta Louisa Taylor
7. *Mother's Birthplace,*	Mt. Sterling Illinois
8. *Full Name of Father,*	Emanuel Holtz
9. *Father's Occupation,*	Conductor Electric Car
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	J. Zapp M.D.
Address,	N.E. Cor. Dolphin Ave + 9th St.
Remarks,	

8750004785

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 21 1895
4. *Place of Birth, (Street and Number)* Madeira st 111
5. *Full Name of Mother,* Lizzie Fetz
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Garmen
8. *Full Name of Father,* George Fetz
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Garmen

Name of Medical Attendant, or other person who makes this Return Mary Koptis

Address, N Washington st 205

Remarks,

8450004786

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Francis Mannel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 21 July - 1895
4. Place of Birth, (Street and Number) 777 Columbia Ave
5. Full Name of Mother, Emielie Briedsrike Mannel
6. Mother's Maiden Name, Emielie Friederike Flach
7. Mother's Birthplace, Rochlitz of Sachony
8. Full Name of Father, Charles Friedrich Mannel
9. Father's Occupation, Schalmacker
10. Father's Birthplace, Hilbersdorf b F. of Sachsony

Name of Medical Attendant or other person who makes this Return, Mrs M. Mannel (Friedrich)

Address, 419 N. Eutaw Street. Baltimore

Remarks, GIVEN NAME ADDED 12-4-53 L.M.

67500047887

month, and shall set forth as far as the same can be ascertained
been conferred) its sex, color, the full name and occupation of its
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissioner
shall occur without the attendance of a physician or practitioner of
attendance upon the mother, immediately thereafter it shall become
child to report its birth to the Commissioner of Health, in the man-
any such person or persons who shall hereafter fail to comply with
jected to the fine of ten (10) dollars for each offence, to be recovered

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Born July 21/05
4. *Place of Birth, (Street and Number)* # 908 E. Baltimore Street.
5. *Full Name of Mother,* Pearl Singer
6. *Mother's Maiden Name,* Pearl Egert.
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Singer
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Dr. Wm. Burns

Address, 41 E. Fork Street Baltimore

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, if any shall have
ccupation of its parents, the date and place of birth; and the
e practitioner in the form of a certificate between the first and
he Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
ter it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
ail to comply with the provisions of this section shall be sub-
, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 thil
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colord
3. *Date of Birth,*	21st July
4. *Place of Birth, (Street and Number)*	No 1313 Aisquith Street
5. *Full Name of Mother,*	Elizabeth Brown
6. *Mother's Maiden Name,*	Parker
7. *Mother's Birthplace,*	annaldell County MD
8. *Full Name of Father,*	george W Brown
9. *Father's Occupation,*	Lumberman
10. *Father's Birthplace,*	annaldell County MD
Name of Medical Attendant, or other person who makes this Return,	Mr J Lemon
Address,	1313 West Baltimore St
Remarks,	Attend healthy child
	not named

0750604789

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67/554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3) Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 22nd 1895
4. *Place of Birth (Street and Number)* 1408 Lanvale St
5. *Full Name of Mother,* Maggie Kelly
6. *Mother's Maiden Name,* Connelly
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Michael V. Kelly
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Francis A. Dawes M.D

Address, 439 N. Central Ave.

Remarks,

1 8950004790

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 67156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 22, 1895.
4. *Place of Birth, (Street and Number)*	246 N. Mount St.
5. *Full Name of Mother,*	Laura F. Wall
6. *Mother's Maiden Name,*	Compton
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Harry C. Wall
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	John A. Hood
Address,	162 S. Gilmor st.
Remarks,	Fine, healthy child.

1895000479 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 67157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 22. July
4. *Place of Birth, (Street and Number)* 401 E. Fleet St
5. *Full Name of Mother,* Guisa Bozza
6. *Mother's Maiden Name,* Passagna
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Adam Bozza
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Zink Medrop

Address, 1417 E. Eager St

Remarks, 8950004792

Wm. J. C. Dulany Co., City Printers and Stationers.

Agents of such birth, who shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of their marriage, and the maiden name of the mother. The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

NAME CHANGED BY COURT ORDER 1-21-58

RETURN OF A BIRTH. 67158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 July 95
4. Place of Birth, (Street and Number) 1638 Barnes St
5. Full Name of Mother, Emay Schutte
6. Mother's Maiden Name, Emay Bubleak
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Joseph Schutte
9. Father's Occupation Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Josephan S. Conrad

Address, 1621 Barnes St Balto Md

Remarks.

8750004783

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-17-56

RETURN OF A BIRTH. 67159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Walter Goldsborough Andrews

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 Aug 1895
4. *Place of Birth, (Street and Number)* 15 E Charles St
5. *Full Name of Mother,* Lallie Andrews
6. *Mother's Maiden Name,* " Charles
7. *Mother's Birthplace,* Rochester Ga
8. *Full Name of Father,* Walter Andrews
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Cumberland Md

Name of Medical Attendant, or other person who makes this Return, Mrs E L Brandt

Address, 1823 Druid Pl

Remarks, Doing well

8950004794

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can been conferred) its sex, color, the full name and o said schedule shall be delivered, duly signed by the third day of each and every month to the office shall occur without the attendance of a physician attendance upon the mother, immediately thereaft child to report its birth to the Commissioner of He any such person or persons who shall hereafter fail jected to the fine of ten (10) dollars for each offence

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 23/95
4. *Place of Birth, (Street and Number)* 117 S. Register St.
5. *Full Name of Mother,* Maggie Gilden
6. *Mother's Maiden Name,* " Burger
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Peter Gilden
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner in the Commissioner of Health. In case the it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

C 0 0 0 0 4 7 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 69161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 23rd 1895
4. *Place of Birth, (Street and Number)* 1840 E. Chase St
5. *Full Name of Mother,* Ruth A. Fiege
6. *Mother's Maiden Name,* Coonan
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Henry P. Fiege
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Francis A. Sauer MD

Address, 1139 N. Central Ave.

Remarks,

0 7 5 0 0 0 4 7 9 6

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RETURN OF A BIRTH. 67162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W. Liv D
3. *Date of Birth,* 23 Dec 1893
4. *Place of Birth, (Street and Number)* 1823 West Hall Place
5. *Full Name of Mother,* Lottie Whitin
6. *Mother's Maiden Name,* Korn
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jessie Martin
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, W. E. L. Brooks

Address, 923 Lake Ave

Remarks, Born Well

8950004797

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 23, 1895
4. *Place of Birth, (Street and Number)* 2313 Druid Hill Ave.
5. *Full Name of Mother,* Alice Mears
6. *Mother's Maiden Name,* Alice Oliver
7. *Mother's Birthplace,* Marietta, Ohio
8. *Full Name of Father,* Charles E. Mears.
9. *Father's Occupation,* Printer.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Booker, M. D.

Address, 914 N. Charles St.

Remarks,

8750004793

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 23rd 95.
4. *Place of Birth, (Street and Number)* 1517 Argyle Ave
5. *Full Name of Mother,* Lottie Fuller
6. *Mother's Maiden Name,* Lowre.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Henry C. Fuller
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, C. H. Christian M.D.

Address, 1201 Madison Ave

Remarks,

8950004799

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Twins, Male & Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 23 1895
4. *Place of Birth, (Street and Number)* 2206 Canton Ave
5. *Full Name of Mother,* Wilhelmine A. S. Giebel
6. *Mother's Maiden Name,* Malon
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adolph R. W. Giebel
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1127 E Pratt St.

Remarks,

8 9 5 0 0 0 4 8 0 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Col
3. *Date of Birth,*	July 23d 95
4. *Place of Birth, (Street and Number)*	24 N Bruce St
5. *Full Name of Mother,*	Kate Shipley
6. *Mother's Maiden Name,*	Kate Woodland
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Edward Shipley
9. *Father's Occupation*	Lab
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	Jno Woodland
Address,	
Remarks,	

8950004801

...ulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Col
3. *Date of Birth,*	June 23 1895
4. *Place of Birth, (Street and Number)*	20 N Canal St
5. *Full Name of Mother,*	Annie Smith
6. *Mother's Maiden Name,*	Annie Forman
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Henry Smith
9. *Father's Occupation*	Sale
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	Jas Woodward
Address,	
Remarks,	

8750004802

...lany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67168

GIVEN NAME ADDED 7/21/20

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: PAUL LACHER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 24 1895
4. *Place of Birth, (Street and Number)* 536 N. Chester St.
5. *Full Name of Mother,* Emma Lacher
6. *Mother's Maiden Name,* Schott
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Lacher
9. *Father's Occupation* Butter Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1429 E. Pratt St.

Remarks,

8950004803

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, or by the Commissioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9th Feb 1894
4. *Place of Birth, (Street and Number)* 1704 Eastern Ave
5. *Full Name of Mother,* Katie Dunn
6. *Mother's Maiden Name,* Katie Berry
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Bernard Dunn
9. *Father's Occupation* Plasterer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return Mrs A Bird Medwife

Address, 1917 E Eager St

Remarks, 8950004804

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 67170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 27 1895
4. *Place of Birth, (Street and Number)* 1329 Marshall st
5. *Full Name of Mother,* Hattie Ruth
6. *Mother's Maiden Name,* Ruth
7. *Mother's Birthplace,* Baltimore Co Md
8. *Full Name of Father,* Peter
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs E L Brooks

Address, 1822 Eutaw st

Remarks, Born Well

1845 0067 005

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 4 / 45
4. *Place of Birth, (Street and Number)* 450 Park Ave
5. *Full Name of Mother,* Ella S. Compton.
6. *Mother's Maiden Name,* Ella S. Lough
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Ralph R. Compton
9. *Father's Occupation,* Engineer.
10. *Father's Birthplace,* Charles Co. Md

Name of Medical Attendant, or other person who makes this Return. J. Whitridge Williams

Address, 445 Park Ave.

Remarks,

0 9 5 0 0 0 1 3 0 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the date and place of birth; and the occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 67172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 24/95
4. *Place of Birth, (Street and Number)* 517 S. Rose Str.
5. *Full Name of Mother,* Katie Blank
6. *Mother's Maiden Name,* " Waly
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ger. Blank
9. *Father's Occupation* Laberer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Diesenhofer

Address, 2235 Gough St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1 8 9 5 0 0 0 4 8 0 7

RETURN OF A BIRTH. 67173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 25 1895
4. *Place of Birth, (Street and Number)* 1028 Watson St.
5. *Full Name of Mother,* Maggie Rebhun
6. *Mother's Maiden Name,* Desh
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Rebhun
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

3950004803

Wm. J. C. Dulany Co,. City Printers and Stationers.

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 25th 1895
4. *Place of Birth, (Street and Number)* No 1110 Streeper Balto
5. *Full Name of Mother,* Kate Nauenbrack
6. *Mother's Maiden Name,* Kate Seyfert
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Chas H. Nauenbrack
9. *Father's Occupation,* Teamster
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Anne L Kulack Mdwife

Address, 2838 Elliott

Remarks, 8950004809

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64175

GIVEN NAME ADDED 7-22-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Helen Catherine Rasch

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 25th 95.
4. Place of Birth, (Street and Number) 601 N Castle st.
5. Full Name of Mother, Maggie Rasch
6. Mother's Maiden Name, Maggie Etzel
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John L. Rasch
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Meyer M. D.

Address, 1019 N. Carolina st.

Remarks,

8 9 5 0 0 0 4 8 1 0

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 25
4. *Place of Birth, (Street and Number)* 314 President St.
5. *Full Name of Mother,* Maria Leitheiser
6. *Mother's Maiden Name,* " Huber
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Georg Leitheiser
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, C. L. Buddenbohn

Address, 418 S. Paca St.

Remarks,

8 7 5 0 0 0 4 8 1 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67177 C

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 25, 1895
4. *Place of Birth, (Street and Number)* 409 N. Carrollton Ave
5. *Full Name of Mother,* Clara Denlch
6. *Mother's Maiden Name,* Clara Reese
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Denlch
9. *Father's Occupation,*
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke, M.D.

Address, 914 N. Charles St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed to the office of the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate the birth of any child attendance upon the birth to the Commissioner of Health, or should no other person be in child to report its birth to the Commissioner of Health, in the manner of midwifery, or the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 67178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 25 th.
4. *Place of Birth, (Street and Number)* 204. E. Eutaw St.
5. *Full Name of Mother,* Pauline Romonda Rathert
6. *Mother's Maiden Name,* Engelhardt
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Friedrich Adolph Rathert
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, A. M. Buchoff

Address, 829. Columbia Av

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office or practioner of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Twins Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 25th 1895
4. Place of Birth, (Street and Number) 20 N. Eden St.
5. Full Name of Mother, Katie Herington
6. Mother's Maiden Name, Sweeny
7. Mother's Birthplace, Washington
8. Full Name of Father, William Herington
9. Father's Occupation Coppersmith
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1129 E. Pratt St.

Remarks,

BV 5000481 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 07180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* July 25, 1895.
4. *Place of Birth, (Street and Number)* 1522 Fifth ave.
5. *Full Name of Mother,* Mary Emma Appleby.
6. *Mother's Maiden Name,* Eichelberger.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* William H. Appleby.
9. *Father's Occupation* Machinist.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. Edward H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8950004815

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	July 25 1895
4. *Place of Birth, (Street and Number)*	231 S. Durham
5. *Full Name of Mother,*	Mary E. Handy
6. *Mother's Maiden Name,*	Mary E. King
7. *Mother's Birthplace,*	Somerset County
8. *Full Name of Father,*	Samuel Handy
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Somerset Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Dolph C. Eisenberg M.D.
Address,	N. E. Cor. Bank & Wolfe Sts
Remarks,	

8950004816

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 26 1895
4. *Place of Birth, (Street and Number)* No 1027 Chesapeake St Balto
5. *Full Name of Mother,* Minnie Letrek
6. *Mother's Maiden Name,* Minnie Steffien
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* William C Letrek
9. *Father's Occupation,* Stevedore
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Anna L Kubach Midwife

Address, 2434 Elliott

Remarks,

8 9 5 0 0 0 4 8 1 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 26th 1895
4. *Place of Birth, (Street and Number)* 612 N. Eden st
5. *Full Name of Mother,* Mary W. Quinlan
6. *Mother's Maiden Name,* Kennedy
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James J. Quinlan
9. *Father's Occupation,* Horse Shoer
10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Francis A. Sauer M.D.

Address, 439 N. Central Ave.

Remarks,

8950004813

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 26, 95
4. *Place of Birth, (Street and Number)*	3063 W. Saratoga st.
5. *Full Name of Mother,*	Fannie Brutsche Duke
6. *Mother's Maiden Name,*	Hoxall Penn.
7. *Mother's Birthplace,*	William H. Brutsche
8. *Full Name of Father,*	Hostler
9. *Father's Occupation*	Balto.
10. *Father's Birthplace,*	C. L. Goldenbottom
Name of Medical Attendant, or other person who makes this Return.	418 S. Paca st.
Address,	
Remarks,	8950004819

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 24 1895
4. *Place of Birth, (Street and Number)*	No 927 Mowris St Balto Md
5. *Full Name of Mother,*	Agnes Williams
6. *Mother's Maiden Name,*	Agnes Jackson Unknown
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	John Williams Unknown
9. *Father's Occupation,*	Unknown
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	T. W. Brown M.D.
Address,	Maryland Lying in Hosp Lyndhurst Abv Balto City
Remarks,	

8 9 5 0 0 0 4 8 2 0

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67/86

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* July 26 — 1895

4. *Place of Birth, (Street and Number)* 8 S. Bond St.

5. *Full Name of Mother,* Fannie Belle Teufel

6. *Mother's Maiden Name,* Mitchell

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Marcus Teufel

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8950004821

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth, as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 26 1895
4. Place of Birth, (Street and Number) 205 S. High St.
5. Full Name of Mother, Lina Finn
6. Mother's Maiden Name, Pieper
7. Mother's Birthplace, Germany
8. Full Name of Father, John J. Finn
9. Father's Occupation Bradesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E. Pratt St.

Remarks,

8950004822

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 26 95
4. *Place of Birth, (Street and Number)* 322 Calhoun St.
5. *Full Name of Mother,* Emma F. Nigh
6. *Mother's Maiden Name,* Myers
7. *Mother's Birthplace,* Manchester Md.
8. *Full Name of Father,* Wm A. Nigh
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Balti Co. Md.

Name of Medical Attendant, or other person who makes this Return, C. H. Christian M.D.

Address,

Remarks, 6950004823

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 26 / 895
4. Place of Birth, (Street and Number) Dumas alley 619
5. Full Name of Mother, Mary Reisinger
6. Mother's Maiden Name, Garmen
7. Mother's Birthplace, John Reisinger
8. Full Name of Father, Jobot
9. Father's Occupation Garmen
10. Father's Birthplace, Mary Rafetto

Name of Medical Attendant, or other person who makes this Return 1 Washington Ave

Address,

Remarks, 3950004821

Sec. 2. Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 26 1895
4. *Place of Birth, (Street and Number)* Part of 132
5. *Full Name of Mother,* Frances Fimiani
6. *Mother's Maiden Name,* Lopez
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Frank Fimiani
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return. Mary Brophy

Address, N Washington st 225

Remarks, 8950004825

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	27 July
4. *Place of Birth, (Street and Number)*	South Stricker St
5. *Full Name of Mother,*	Anny J Maloney
6. *Mother's Maiden Name,*	Banahan
7. *Mother's Birthplace,*	Co Roscrville M S
8. *Full Name of Father,*	Jonas E Maloney
9. *Father's Occupation,*	Works for City
10. *Father's Birthplace,*	Borned on the Sea
Name of Medical Attendant, or other person who makes this Return,	M D Lemon
Address,	1313 West Baltimore
Remarks,	Strong healthy Child

8 4 5 Prot Maried

Wm J C. Dulany Co., City Printers and Stationers.

ascertained the full name of each child, if any shall have pation of its parents, the date and place of birth; and the practitioner in the form of a certificate between the first and Commissioner of Health. In case the birth of any child practitioner of midwifery, or should no other person be in it shall become the duty of the person or parents of such in the manner and within the period above required, and to comply with the provisions of this section shall be sub- be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be been conferred) its sex, color, the full name and occupation said schedule shall be delivered, duly signed by the practition third day of each and every month to the office of the Commi shall occur without the attendance of a physician or practitio attendance upon the mother, immediately thereafter it shall child to report its birth to the Commissioner of Health, in the any such person or persons who shall hereafter fail to comp jected to the fine of ten (10) dollars for each offence, to be reco

RETURN OF A BIRTH. 67192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* July 27, 1895.
4. *Place of Birth, (Street and Number)* 2844 Huntingdon ave.
5. *Full Name of Mother,* Ella E. Webster.
6. *Mother's Maiden Name,* Conner.
7. *Mother's Birthplace,* Ind.
8. *Full Name of Father,* James K. Webster.
9. *Father's Occupation* Granite cutter.
10. *Father's Birthplace,* Scotland.

Name of Medical Attendant, or other person who makes this Return, Elwood H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, —

B 9 5 0 0 0 4 8 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 27th 1893
4. *Place of Birth, (Street and Number)* 1418 Dallas St
5. *Full Name of Mother,* Maggie Benton Davidson
6. *Mother's Maiden Name,* Somerset Co Md
7. *Mother's Birthplace,* William Benton
8. *Full Name of Father,* Laborer
9. *Father's Occupation* Baltimore
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8950004828

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner aforesaid, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 27
4. *Place of Birth, (Street and Number)* 831 Cleveland St
5. *Full Name of Mother,* Maryie Hollsnider
6. *Mother's Maiden Name,* " Isemann
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William F Hollsnider
9. *Father's Occupation* ice Dealer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. A M Bischoff

Address, 829 Columbia Ave.

Remarks,

8950004829

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67/15

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 27th 1895
4. *Place of Birth, (Street and Number)* Aliceane St. 1826
5. *Full Name of Mother,* Anna Kedzewski
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Kedzewski
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Loftis

Address, 203 N. Washington St.

Remarks,

8950004830

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 67196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* July 27 95.

4. *Place of Birth, (Street and Number)* 645 - E. Calhoun St.

5. *Full Name of Mother,* Celora E. Crew

6. *Mother's Maiden Name,* Smith -

7. *Mother's Birthplace,* Kent Co. Md.

8. *Full Name of Father,* D. F. Crew.

9. *Father's Occupation* Salesman, Produce.

10. *Father's Birthplace,* Chestertown, Md.

Name of Medical Attendant, or other person who makes this Return, J. K. Christian, M.D

Address,

Remarks,

8950004831

Wm. J. C. Dulany Co., City Printers and Stationers.

Heads. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st Child

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, July 27 ~~1st~~ 1895
4. *Place of Birth*, (*Street and Number*) Collins Court 308
5. *Full Name of Mother*, Mary Baum
6. *Mother's Maiden Name*, Mary Pollhein
7. *Mother's Birthplace*, Balto Md
8. *Full Name of Father*, Valentine J. Baum
9. *Father's Occupation* Candy maker
10. *Father's Birthplace*, Balto Md.

Name of Medical Attendant, or other person who makes this Return, M A Gedley

Address, 1004 W Lexington St

Remarks,

8 9 5 0 0 0 1 8 3 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67198 c

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 28/95
4. Place of Birth, (Street and Number) 1341 North Av. H
5. Full Name of Mother, Maud Aldershaw
6. Mother's Maiden Name, Maud Williams
7. Mother's Birthplace, Balto
8. Full Name of Father, J. Brantley Aldershaw
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, A. C. Pole

Address, 2038 Madison av.

Remarks, When this baby was eight days old was kept for test

815 0 0 0 1 8 3 3

Wm J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 28th 1895.
4. Place of Birth, (Street and Number) 618 Bradley Str
5. Full Name of Mother, Emma Mathilde Bradley
6. Mother's Maiden Name, Emma Mathilde Kost
7. Mother's Birthplace, Philadelphia, Pa.
8. Full Name of Father, ~~Evander Kost~~ John Bradley
9. Father's Occupation, Iron Moulder
10. Father's Birthplace, Philadelphia, Pa

Name of Medical Attendant, or other person who makes this Return, Mrs W. Maennel (Midwife)

Address, 419 n Eutaw Sts

Remarks,

8950004834

Wm J C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of ... said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner ... attendance upon the mother, immediately thereafter it shall be ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, July 28 1895
4. Place of Birth, (Street and Number) 903 Vincent Alley
5. Full Name of Mother, Rosie Hall
6. Mother's Maiden Name, Rosie Scott
7. Mother's Birthplace, Charles Co. Maryland
8. Full Name of Father, Alexander Hall
9. Father's Occupation Laborer
10. Father's Birthplace, Kent Co. Maryland.

Name of Medical Attendant, or other person who makes this Return J. G. Jeffers. M.D

Address, 1143 Franklin St

Remarks,

0950004835

Wm. C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 28 July 1895

4. *Place of Birth, (Street and Number)* 1730 Eagle St

5. *Full Name of Mother,* Mary McCafferty

6. *Mother's Maiden Name,* Clark

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Daniel McCafferty

9. *Father's Occupation* Laborer Roofer

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Wm E B Brooks

Address, 1822 Eagle St

Remarks, Living Well

8950004836

Wm. C. Dulany Co., City Printers and Stationers.

Within thirty days after the birth of any child born alive in Baltimore City, the physician or midwife in attendance upon the mother, or in case there be no physician or midwife in attendance, then the householder of the house in which the birth occurs, or the mother of the child, if able, shall report to the Commissioner of Health the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 28 "
4. *Place of Birth, (Street and Number)* 335 Woodyear st
5. *Full Name of Mother,* Linda Miller
6. *Mother's Maiden Name,* " Hochenbach
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Louis G. Müller
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. L. L. Eddenbach

Address, 418 S. Paca st

Remarks,

8950004837

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 67203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 29, 1895
4. *Place of Birth, (Street and Number)*	1911 N. Baltimore
5. *Full Name of Mother,*	Bessie Smith Gilbert
6. *Mother's Maiden Name,*	Baldwin
7. *Mother's Birthplace,*	Philadelphia
8. *Full Name of Father,*	Charles Stewart Gilbert
9. *Father's Occupation,*	Paying Teller
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	J. Bruce Dodd
Address,	14 S. Gilmor St.
Remarks,	Very fine baby.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

8950004838

RETURN OF A BIRTH. 67204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 29th. July 1895
4. *Place of Birth, (Street and Number)* 206 Bank St.
5. *Full Name of Mother,* Rose Mitchell.
6. *Mother's Maiden Name,* Rose Selling
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George W. Mitchell.
9. *Father's Occupation* Hakster.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Poppleton St

Remarks, 1895 U 004839

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 29th 1895
4. *Place of Birth, (Street and Number)* Adriatic St. 179
5. *Full Name of Mother,* Katie Fradkerak
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Charley Fradkerak
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return Mary Koftis

Address, 205 N. Washington St.

Remarks, 8950004840

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 29 95
4. *Place of Birth, (Street and Number)* 1861 Penna Ave.
5. *Full Name of Mother,* Elsie M. Wood
6. *Mother's Maiden Name,* E. Brown.
7. *Mother's Birthplace,* Balto, Md.
8. *Full Name of Father,* Jas. F. Wood
9. *Father's Occupation* Builder
10. *Father's Birthplace,* Virginia, U. S.

Name of Medical Attendant, or other person who makes this Return. C. F. Christian M.D.

Address,

Remarks, 8950004841

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 30th
4. *Place of Birth, (Street and Number)* 1318 Penna Ave
5. *Full Name of Mother,* Mary Conroy
6. *Mother's Maiden Name,* Mary Durnin
7. *Mother's Birthplace,* Scotts County
8. *Full Name of Father,* Daniel Conroy
9. *Father's Occupation* Horse Shoer
10. *Father's Birthplace,* Scott County

Name of Medical Attendant, or other person who makes this Return, Lucas Hunter

Address, 23 N Eutaw St

Remarks,

8950004842

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Fourth (4th)

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, July 30th 1895.
4. *Place of Birth*, (*Street and Number*) 902 N. Hollins St
5. *Full Name of Mother*, Lida C. Grambletts
6. *Mother's Maiden Name*, Lida C. Taylor
7. *Mother's Birthplace*, Baltimore, Md
8. *Full Name of Father*, John B. Grambletts
9. *Father's Occupation* Clerk
10. *Father's Birthplace*, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Addison C. Fox, M.D

Address, 1205. W Fayette St

Remarks,

B 2 5 0 0 0 4 0 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 30 th
4. Place of Birth, (Street and Number) E Gough st 1624
5. Full Name of Mother, Edw Beath
6. Mother's Maiden Name, Langdon
7. Mother's Birthplace, Mathews Co Va
8. Full Name of Father, George W Beath
9. Father's Occupation Captain ~~North Carolina~~
10. Father's Birthplace, ~~N C~~ N S
- Name of Medical Attendant, or other person who makes this Return, M D Davenport
- Address, 2024 E Pratt st
- Remarks, ok Right

' 8950004844

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 30th
4. *Place of Birth, (Street and Number)* 502 Wyatt st
5. *Full Name of Mother,* Annie C. Bockelman
6. *Mother's Maiden Name,* Annie C. Lucas
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Fred A. Bockelman
9. *Father's Occupation* Cutter.
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return. Mrs. A. M. Bisgyer

Address, No 829 Columbia Ave.

Remarks,

B 2500 0 4845

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 30 1895
4. *Place of Birth, (Street and Number)* Durette st 2837
5. *Full Name of Mother,* Maggie Feary
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Farmer
8. *Full Name of Father,* Edward Feary
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mary Kelly

Address, N Washington st 205

Remarks,

A 8750004846

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 3rd Nov 1900

4. *Place of Birth, (Street and Number)* 916 Hanover

5. *Full Name of Mother,* Estella Young Burger

6. *Mother's Maiden Name,* Estella Young

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* Frank Burger

9. *Father's Occupation* Baker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs E. A. Brooks

Address, 1005 Light St

Remarks, Boy Child

8950004847

Wm. C. Dulany Co., City Printers and Stationers.

Section 1. Be it ordained by the Mayor and City Council of Baltimore, that from and after the passage of this ordinance, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 30th 1895
4. *Place of Birth, (Street and Number)* 1237 Hanbert St
5. *Full Name of Mother,* Mary Duffy
6. *Mother's Maiden Name,* Mary Hughes
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* John Duffy
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Anna Margaret Ettel

Address,

Remarks,

18950004848

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 30th 1895.
4. Place of Birth, (Street and Number) 1633 Aisquith St
5. Full Name of Mother, Ellen McHale
6. Mother's Maiden Name, Ellen Clarke
7. Mother's Birthplace, Ireland
8. Full Name of Father, Michael McHale
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Anna Margaret Ettel.

Address,

Remarks,

1895 00048 49

Wm J C. Dulany Co., City Printers and Stationers.

Each child born alive shall be registered, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Wht
3. Date of Birth, July 3j. 1895
4. Place of Birth, (Street and Number) No. 1700 Crystal ave.
5. Full Name of Mother, Bridget Boyt
6. Mother's Maiden Name, Bridget Morris
7. Mother's Birthplace, Baltimore
8. Full Name of Father, David Boyt
9. Father's Occupation Boiler Maker
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return, W. C. Sandrock

Address, 1242 S. Broadway

Remarks, 8950004850

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, July 30

4. Place of Birth, (Street and Number) 413 E. Pratt St

5. Full Name of Mother, Katie A Sherin

6. Mother's Maiden Name, " G Falvey

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Michael F Sherin

9. Father's Occupation Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Wm (No Name) Jun

Address, 419 Scott St

Remarks,

8 9 5 0 0 0 4 8 5 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* July 21/45
4. *Place of Birth, (Street and Number)* 2007 Druid Hill Ave.
5. *Full Name of Mother,* Eva Allen.
6. *Mother's Maiden Name,* Eva Brantley
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Chas. H. Allen
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. J. Whitridge Williams

Address, 1415 Eutaw Pl.

Remarks,

8 4 5 0 0 0 1 8 5 2

Month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the name and residence of the physician or midwife (if any) in attendance at the birth, and the fact and date of the death of the child, if it shall have died before the return shall have been made. The return of every birth shall be made and delivered as aforesaid, within ten days after the birth shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 67218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* July 31, 1895.
4. *Place of Birth, (Street and Number)* 1 S Eroy ave.
5. *Full Name of Mother,* Gabel Stallwitz.
6. *Mother's Maiden Name,* Duvall.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Oscar Stallwitz.
9. *Father's Occupation* Cook.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Chas H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 1895000185

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 31st 98.
4. Place of Birth, (Street and Number) 1517 Ashland Ave,
5. Full Name of Mother, Susanna Gengenbacher
6. Mother's Maiden Name, Sus. Hempel
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Albert Gengenbacher
9. Father's Occupation, ~~Dr~~ Cook
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. H. A. Meyer M. D.

Address, 1019 N. Caroline st

Remarks, 8950004854

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 31, 1895
4. *Place of Birth, (Street and Number)* 1631 N. Broadway
5. *Full Name of Mother,* Isabelle Herron Mac Neal
6. *Mother's Maiden Name,* Isabelle Herron England
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Walter Mac Neal
9. *Father's Occupation* Bookkeeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, J. J. Markengt

Address, 1701 N. Caroline St

Remarks,

8950004855

Wm. J. C. Dulany Co., City Printers and Stationers.

Month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* 31, July

4. *Place of Birth, (Street and Number)* 624 N. Eutaw st

5. *Full Name of Mother,* Norah Barry

6. *Mother's Maiden Name,* M. Cronan

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* John Barry

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other person who makes this Return, Mrs A. Bridwise

Address, 1417 E Eager St

Remarks, 6950004856

Wm. J. C. Dulany Co., City Printers and Stationers.

... ascertained the full name of each child, (if any shall have ... the same can be ascertained) the full names as far as ... and occupation of its parents, the date and place of birth; and the ... practitioner in the form of a certificate between the first and ... been conferred) its sex, color, the full name and occupation of any child ... said schedule shall be delivered, duly signed by the practitioner in ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 8 / st.
4. *Place of Birth, (Street and Number)* 623 George St.
5. *Full Name of Mother,* Mary Dieckmeyer.
6. *Mother's Maiden Name,* Mary Schenk
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Pius Dieckmeyer.
9. *Father's Occupation* baker.
10. *Father's Birthplace,* Landshaven

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 234 Appleton St

Remarks,

8950004857

Wm. J. C. Dulany Co., City Printers and Stationers.

...and occupation of its parents, the date and place of birth, and the ...d by the practitioner in the form of a certificate between the first and ...office of the Commissioner of Health. In case the birth of any child ...ysician or practioner of midwifery, or should no other person be in ...thereafter it shall become the duty of the person or parents of such ...r of Health, in the manner and within the period above required, and ...fter fail to comply with the provisions of this section shall be sub- ...offence, to be recovered as other fines and forfeitures are recoverable.

been entered; its sex, color, the full name and ... said schedule shall be delivered, duly signed by ... third day of each and every month to the office ... shall occur without the attendance of a physician ... attendance upon the mother, immediately thereaf... child to report its birth to the Commissioner of He... any such person or persons who shall hereafter fai... jected to the fine of ten (10) dollars for each offence...

RETURN OF A BIRTH. 67223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mother of 4th child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 31th of July
4. Place of Birth, (Street and Number) No. 116 Low st.
5. Full Name of Mother, Mary Vadich.
6. Mother's Maiden Name, Mary Iscas
7. Mother's Birthplace, Boask Russia.
8. Full Name of Father, Mr. Seven Iscas
9. Father's Occupation Coat tailor
10. Father's Birthplace, Boask Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Eva Kohn

Address, 233 Harrision st.

Remarks, Mothe and child are well.

8 9 5 0 0 0 4 8 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

...parents, the date and place of birth; and the ...the form of a certificate between the first and ...sioner of Health. In case the birth of any child ...of midwifery, or should no other person be in ...come the duty of the person or parents of such ...ner and within the period above required, and ...with the provisions of this section shall be sub-...ed as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the ...third day of each and every month to the office of the Commissioner of ...shall occur without the attendance of a physician or practioner of mid... it shall become the ...attendance upon the mother, immediately thereafter, in the manner ...child to report its birth to the Commissioner of Health, in the manner ...any such person or persons who shall hereafter fail to comply with the ...jected to the fine of ten (10) dollars for each offence, to be recovered as ...

RETURN OF A BIRTH. 67224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 31, 1895.
4. Place of Birth, (Street and Number) 2830 Huntingdon ave.
5. Full Name of Mother, Rachel J. Ernst.
6. Mother's Maiden Name, Davis
7. Mother's Birthplace, Md.
8. Full Name of Father, Edwin H. Ernst.
9. Father's Occupation Carpenter.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Edwin H. Mitchell M.D.

Address, 291 Aisquith ave.

Remarks,

095 H 001859

Wm. J. C. Dulany Co., City Printers and Stationers.

KODAK SAFETY FILM

RETURN OF A BIRTH. 67225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 31 — 1895
4. *Place of Birth, (Street and Number)* 1394 Eastern Ave.
5. *Full Name of Mother,* Annie Schick
6. *Mother's Maiden Name,* Nelson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Schick
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Harry Stein

Address, 429 E. Pratt St.

Remarks,

8 9 5 0 0 0 4 8 6 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 31.
4. *Place of Birth, (Street and Number)* 530. Courtland. St.
5. *Full Name of Mother,* Mary. L. Simms.
6. *Mother's Maiden Name,* " " L. Cornish
7. *Mother's Birthplace,* Baltimore. Md.
8. *Full Name of Father,* Daniel. A. L. Simms
9. *Father's Occupation* Janitor
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Elizabeth. Champe.

Address, 530. Rogers Ave.

Remarks,

8 9 5 0 0 0 4 8 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

occupation of its parents, the date and place of birth; and the
he practitioner in the form of a certificate between the first and
e, of the Commissioner of Health. In case the birth of any child
un or practioner of midwifery, or should no other person be in
after it shall become the duty of the person or parents of such
ealth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.
been entered its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the pra
third day of each and every month to the office of the
shall occur without the attendance of a physician or p
attendance upon the mother, immediately thereafter it
child to report its birth to the Commissioner of Health,
any such person or persons who shall hereafter fail to c

RETURN OF A BIRTH. 67227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th

1. Sex, (state whether male or female) ~~White~~ - Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 31th July - 1895 / 11. A. m.

4. Place of Birth, (Street and Number) Hanover Str. 1710. -

5. Full Name of Mother, Anna Kaczmarowicz -

6. Mother's Maiden Name, Anna Olszewska

7. Mother's Birthplace, Poland -

8. Full Name of Father, Michał Kaczmarowicz -

9. Father's Occupation, Poland -

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Rosa Zuchowska

Address, 1737. Aliccanna St Baltimore Md.

Remarks, 8 9 5 0 0 0 4 8 6 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2 Feb 1895

4. Place of Birth, (Street and Number) 1109 Riverside Ave

5. Full Name of Mother, Emma Pearl

6. Mother's Maiden Name, Bruce

7. Mother's Birthplace, Virginia

8. Full Name of Father, William Pearl

9. Father's Occupation Letter Carrier

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. E. Brooks

Address, 1928 Guilford

Remarks, Home Well

8950004863

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3 October 1894
4. *Place of Birth, (Street and Number)* 1702 Lyon St
5. *Full Name of Mother,* Mary B. Apple Nagel
6. *Mother's Maiden Name,* Lauer
7. *Mother's Birthplace,* Martinsburg
8. *Full Name of Father,* Henry Apple Nagel
9. *Father's Occupation* Cutter C. L. & B. Co.
10. *Father's Birthplace,* Pa.

Name of Medical Attendant, or other person who makes this Return, Mrs E. L. Brooks

Address, 1702 Lyon St

Remarks, Doing Well

8950004864

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 1895

4. *Place of Birth, (Street and Number)* 406 Patapsco St

5. *Full Name of Mother,* Anna Hook

6. *Mother's Maiden Name,* Welsh

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* William Hook

9. *Father's Occupation* Ship Carpenter

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E B Brooks

Address, 523 Light St

Remarks, Born Well

8950004865

Wm. C. Dulany Co., City Printers and Stationers.

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 3, 1895
4. *Place of Birth, (Street and Number)* 410 Hoffman St.
5. *Full Name of Mother,* Maria Johnson Green
6. *Mother's Maiden Name,* Maria Johnson
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Albert Green
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Granville N C

Name of Medical Attendant, or other person who makes this Return. Louise Eaton M. D. Res. Physician

Address, Maternite Woman's Med. College

Remarks, 410 N. Hoffman St

8950004866

Wm. J. C. Dulany Co., City Printers and Stationers.

...practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Colored

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 2 Day Sept
4. *Place of Birth, (Street and Number)* 1724 Pleasant st
5. *Full Name of Mother,* Lottie Butler
6. *Mother's Maiden Name,* Cunningham
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Butler
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, Mrs E V Brooks

Address, 830 Eutaw st

Remarks, Living Well

8950004867

Wm. C. Dulany Co., City Printers and Stationers.

Error corrected & filed ending in Feby 1895.

RETURN OF A BIRTH. 67233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 6 95.
4. *Place of Birth, (Street and Number)* 2165 E Lillar St.
5. *Full Name of Mother,* Dora Holland.
6. *Mother's Maiden Name,* Dasser
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Elbert Louis Holland.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. C. V. Christian M.D.

Address, 1501 Madison Ave.

Remarks,

8950004868

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb 7th 1892

4. *Place of Birth, (Street and Number)* 613 Forrest St

5. *Full Name of Mother,* Agnes Lawler

6. *Mother's Maiden Name,* Agnes Germain

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Jas Blair

9. *Father's Occupation* Baltr

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Dr & E Brooks

Address, 609 Eutaw

Remarks, Dona Well

0950004869

Wm. J. C. Dulany Co., City Printers and Stationers.

Every child born within the limits of Baltimore City shall be registered, and the name and occupation of its parents, the date and place of birth; and the name, if any, given to the child shall be entered in a record to be kept for that purpose by the Registrar of Vital Statistics, and a certificate thereof shall be given by the Registrar to any person requiring the same. The certificate between the first and second births shall be delivered, duly signed by the practitioner in the form of a

RETURN OF A BIRTH. 672334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Fern Margaret Potee

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 7 Dec 1922

4. *Place of Birth, (Street and Number)* 206 Randall St

5. *Full Name of Mother,* Catherine E. Potee

6. *Mother's Maiden Name,* (Bohle) Bohle

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* William L. Potee

9. *Father's Occupation* Clerk

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Brooks

Address, 1228 Bolton St

Remarks, Drug Addict

8950004870

Wm. J. C. Dulany Co., City Printers and Stationers.

...birth comes to its sex, color, the full name and occupation of its ... of its parents, the date and place of birth; and the ... practitioner in the form of a certificate between the first and ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 8 1895

4. Place of Birth, (Street and Number) 1 Duke

5. Full Name of Mother, Mary Russas

6. Mother's Maiden Name, Mary Ella Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Policeman

9. Father's Occupation Baltimore

10. Father's Birthplace, Mrs E E Brooks

Name of Medical Attendant, or other person who makes this Return, Dr Lizzie Wells

Address, 1 Duke

Remarks, 0950004071

Said Schedule shall be delivered every instance immediately to the Commissioner of Health, in the manner and within the time prescribed as other fines and forfeitures are recoverable.

The duty of the person above required, and midwifery, or the person above required, and shall occur upon birth to the Commissioner of Health, in the manner and within the time prescribed as other fines and forfeitures are recoverable.

Child to report its parents, the date and place of birth; and the attendance upon birth to who shall hereafter fail to comply with the provisions of this section, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section, to be recovered as other fines and forfeitures are recoverable.

jected to the fine of ten (10) dollars for each offence,

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 8 95
4. *Place of Birth, (Street and Number)* 2403 McCulloh St.
5. *Full Name of Mother,* Lillie Mae Van Lear
6. *Mother's Maiden Name,* Gilliams
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Chas. Van Lear
9. *Father's Occupation* Contractor
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. C. F. Steinhain M.D.

Address, 1701 Madison Ave

Remarks, 8950001872

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and in the manner and within the period above required, to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* B
3. *Date of Birth,* 9 Dec 1895
4. *Place of Birth, (Street and Number)* 923 E Lark St
5. *Full Name of Mother,* Rachel Stern
6. *Mother's Maiden Name,* Berg
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Lazar Stern
9. *Father's Occupation* Shoe Keeper
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Wm E Brooks

Address, 923 E Lark St

Remarks, Dr Wm Mell

, 8 9 5 0 0 0 4 8 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Hospital

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 8 13 1900

4. *Place of Birth, (Street and Number)* [illegible]

5. *Full Name of Mother,* [illegible]

6. *Mother's Maiden Name,* [illegible]

7. *Mother's Birthplace,* Prince [illegible]

8. *Full Name of Father,* [illegible]

9. *Father's Occupation* Fireman

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs E F Brookes

Address, 1 [illegible] Eighth St

Remarks, Drug [illegible]

8950004874

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Celebrated

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 12 July 1896

4. *Place of Birth, (Street and Number)* 8 Wilkens Ave

5. *Full Name of Mother,* Sadie Polja

6. *Mother's Maiden Name,* Mendes

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Salomon Wm Hopp

9. *Father's Occupation* Shoe Maker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm E T Brooks.

Address, 1808 Eutaw Pl

Remarks, Living Apr 21

8950004875

Wm. J. C. Dulany Co., City Printers and Stationers.

...ion of its parents, the date and place of birth; and the ...tioner in the form of a certificate between the first and ...ommissioner of Health. In case the birth of any child ...tioner of midwifery, or should no other person be in ...all become the duty of the person or parents of such ...the manner and within the period above required, and ...ply with the provisions of this section shall be sub- ...ecovered as other fines and forfeitures are recoverable.

...ician of the ...ner, immediately thereafter it shall be ...ner of Health, in the ... fail to comply with ... offence, to be ...

RETURN OF A BIRTH. 67241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 6 Male

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 13 1902

4. *Place of Birth, (Street and Number)* 410 Patterson Ave

5. *Full Name of Mother,* Louisa E Ramsay

6. *Mother's Maiden Name,* "

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* Allen Ramsay

9. *Father's Occupation* Glass Blower

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Dr Geo E Brooks

Address, 1231 Eutaw Pl

Remarks, Born Alive

B 7 5 0 0 0 4 8 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

(Left column, partially illegible, reads in part:) ...occupation of its parents, the date and place of birth; and the ... practitioner in the form of a certificate between the first and ... of the Commissioner of Health. In case the birth of any child ... or practioner of midwifery, or should no other person be in ... er it shall become the duty of the person or parents of such ... alth, in the manner and within the period above required, and ... to comply with the provisions of this section shall be sub- ... to be recovered as other fines and forfeitures are recoverable.

(Left column, partially illegible, reads in part:) ...teen) to its sex, color, the full name and occupation ... said schedule shall be delivered, duly signed by the practi... third day of each and every month to the office of the C... shall occur without the attendance of a physician or pra... attendance upon the mother, immediately thereafter it s... child to report its birth to the Commissioner of Health, in ... any such person or persons who shall hereafter fail to com... jected to the fine of ten (10) dollars for each offence, to be ...

RETURN OF A BIRTH. 67242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 13 1895
4. *Place of Birth, (Street and Number)* 410 Hoffman St.
5. *Full Name of Mother,* Minnie Hevons Wilson
6. *Mother's Maiden Name,* Minnie Stevens
7. *Mother's Birthplace,* Jacksonville, Ind.
8. *Full Name of Father,* Irvin Wilson
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Canada

Name of Medical Attendant, or other person who makes this Return, Louie Eaton M. D. Res. Physician

Address, Maternite, Womans Med. College

Remarks, 410 N. Hoffman St.

B 95 U 0 0 4 8 7 7

Wm. J. C. Dulany Co., City Printers and Stationers.

by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 14 July
4. *Place of Birth, (Street and Number)* 1610 Vincent st
5. *Full Name of Mother,* Laura Rollings
6. *Mother's Maiden Name,* Laura Hargish
7. *Mother's Birthplace,* West Virginia
8. *Full Name of Father,* John Rollins
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Calvert Co Md

Name of Medical Attendant, or other person who makes this Return, Sarah Rollings

Address, 1610 Vincent st Balto Md

Remarks,

8250004878

Wm. J. C. Dulany Co., City Printers and Stationers.

...ctitioner in the form of a certificate between the first and ... only signed by the practitioner to the Commissioner of Health. In case the birth of any child ... third day of each and every month to the office of the Commissioner of Health, or should no other person be in ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 June 1895
4. *Place of Birth, (Street and Number)* 2739 Kenmore ave
5. *Full Name of Mother,* Laura A Porter
6. *Mother's Maiden Name,* Andrews
7. *Mother's Birthplace,* Talbot Co
8. *Full Name of Father,* William R Porter
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Orange Williams Co

Name of Medical Attendant, or other person who makes this Return, Wm C C Brooks

Address, 1003 Eutaw st

Remarks, Long Hill

8950004879

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67245 V

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	July 17. 1895. V
1. *Sex, (state whether male or female)*	female 3
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	17 July 1895
4. *Place of Birth, (Street and Number)*	120 ½ Whatcoat St
5. *Full Name of Mother,*	Keziah Elizabeth grass
6. *Mother's Maiden Name,*	Keziah Elizabeth Grant
7. *Mother's Birthplace,*	Calvert County
8. *Full Name of Father,*	Lewis Thomas Grass
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Calvert county
Name of Medical Attendant, or other person who makes this Return,	Mrs Sarah Rollings
Address,	1610 Vincent Street
Remarks,	

8 9 5 0 0 0 4 6 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

The Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 July 1893
4. *Place of Birth, (Street and Number)* 1713 Eutaw
5. *Full Name of Mother,* Lottie [illegible]
6. *Mother's Maiden Name,* [illegible] Cousins
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William [illegible]
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E K Brooks

Address, 1828 Eutaw

Remarks, Drug [illegible]

8 9 5 0 0 0 4 8 8 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 18th [illegible] 1895

4. *Place of Birth, (Street and Number)* 847 Pierce St

5. *Full Name of Mother,* Annie M Green

6. *Mother's Maiden Name,* Annie M Lloyd

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Isaac Green

9. *Father's Occupation* Blacksmith

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo Hunter Stockton M D

Address, Surgeon Florence Ct

Remarks, 23 N Broadway St

8 9 5 0 0 0 4 6 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 6 1893
4. *Place of Birth, (Street and Number)* 1202 Wilson st
5. *Full Name of Mother,* Mary E Riordan
6. *Mother's Maiden Name,* Mary E Miller
7. *Mother's Birthplace,* Dorchester Co
8. *Full Name of Father,* Francis E Riordan
9. *Father's Occupation* Oysterman
10. *Father's Birthplace,* Dorchester Co

Name of Medical Attendant, or other person who makes this Return, Mrs E L Brooks

Address, 1203 Light st

Remarks, Born Well

8950004883

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Col'd

3. *Date of Birth,* 5 July 1893

4. *Place of Birth, (Street and Number)* 1903 Rear Aisquith

5. *Full Name of Mother,* Laura Johnson

6. *Mother's Maiden Name,* Brown

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* George Robinson

9. *Father's Occupation* Glass Blower

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs L K Brooks

Address, 833 Eden

Remarks, Born Well

8950004884

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child of Mother
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white race
3. *Date of Birth,*	21 July 1895
4. *Place of Birth, (Street and Number)*	127 S. Exeter
5. *Full Name of Mother,*	Jenny Rosenthal
6. *Mother's Maiden Name,*	Europa
7. *Mother's Birthplace,*	Jacob Rosenthal
8. *Full Name of Father,*	Tailor
9. *Father's Occupation,*	Europa
10. *Father's Birthplace,*	Lina Handler
Name of Medical Attendant, or other person who makes this Return,	1113 E Pratt Ste
Address,	
Remarks,	

8 9 5 0 0 0 4 8 0 5

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W. C.
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* 522 E Watts av
5. *Full Name of Mother,* Meda Dorkhorn
6. *Mother's Maiden Name,* Flenge
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Brockhorn
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs E K Brooks

Address, 1828 Ruxton av

Remarks, Comp Well

8950004886

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d, Child
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	Colored.
3. *Date of Birth,*	July 31 TH 11.
4. *Place of Birth, (Street and Number)*	2027 Harrison St Balto
5. *Full Name of Mother,*	Sallie Belle Gordon.
6. *Mother's Maiden Name,*	Sallie Belle Hicks.
7. *Mother's Birthplace,*	Richmond Virginia
8. *Full Name of Father,*	Hilton Harrison Gordon.
9. *Father's Occupation*	Waiter
10. *Father's Birthplace,*	Fredericksburg Virginia
Name of Medical Attendant, or other person who makes this Return,	Sarah Rawlings.
Address,	1610 Vincent Street.
Remarks, None.	

8 9 5 0 0 0 4 8 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

by the practitioner in the form of a certificate between the first and the office of the Commissioner of Health. In case the birth of any child sician or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner aforesaid. Every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the third day of each and every month to the office o

RETURN OF A BIRTH. 67253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28th July 1895
4. Place of Birth, (Street and Number) Dr. Wm. H. Welch's Lying In Hospital
5. Full Name of Mother, Lilien Spatz Bachmann
6. Mother's Maiden Name, Lilien Spatz
7. Mother's Birthplace, Germany
8. Full Name of Father, Wm. C. Bachmann
9. Father's Occupation Druggist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. A. Hellman and M. D.

Address, 852 East Baltimore

Remarks,

67 5 0 0 0 4 8 8 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 67254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) .....

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 1st 1895
4. *Place of Birth, (Street and Number)* 218 S Eutaw St
5. *Full Name of Mother,* Ella Wilson
6. *Mother's Maiden Name,* Ella Thompson
7. *Mother's Birthplace,* St Marys County Md
8. *Full Name of Father,* Gibson
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore City Md

Name of Medical Attendant, or other person who makes this Return. Anna Faust

Address, 1926 Chase St

Remarks, ...

8 9 5 0 0 0 4 6 8 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 67255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 3rd July
4. *Place of Birth, (Street and Number)* 1502 E Madison st
5. *Full Name of Mother,* Mary Mitchell
6. *Mother's Maiden Name,* V. Conner
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Loyd Mitchell
9. *Father's Occupation* Plumber
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 944 N Gay st

Remarks,

0 9 5 0 0 0 4 8 9 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

67256

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 25. 95
4. *Place of Birth* (Street and Number) 2142. 23d St.
5. *Full Name of Mother* Fanny Zeigler Whitehead
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Philadelphia
8. *Full Name of Father* Robt Lee Whitehead
9. *Father's Occupation* Chemist
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. J. D. Lybrand

Address 1214 Linden Ave

Remarks

8950004891

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 3-2-55

RETURN OF A BIRTH. 67257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Edgar McCulloh

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 25, 1895
4. Place of Birth, (Street and Number) 2526 West Baltimore St.
5. Full Name of Mother, Mary Ann McCulloh
6. Mother's Maiden Name, " " Canolus
7. Mother's Birthplace, Halfod Road.
8. Full Name of Father, George Washington W. McCulloh
9. Father's Occupation Stone Mason
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return, E. Burch Joyce M. D.

Address, 2554 W. Baltimore Str.

Remarks,

875U0048892

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 28th July
4. *Place of Birth, (Street and Number)* 910 N Bond st
5. *Full Name of Mother,* Ida Herold
6. *Mother's Maiden Name,* " Wise
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Joseph Herold
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 924 N Bay st

Remarks,

' 8 7 5 0 0 0 4 8 9 3

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 30th July

4. Place of Birth, (Street and Number) 921 Enson st

5. Full Name of Mother, Nellie Pierce Mc Intee

6. Mother's Maiden Name, Pennsania

7. Mother's Birthplace, William Pierce

8. Full Name of Father, Railroader

9. Father's Occupation Balto

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groom 944 N Gay st

Address,

Remarks,

8450004894

the Commissioner of Health. In case the birth of any child
r practitioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such
attendance upon the mother, immediately thereafter, in the manner and within the period above required, and
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.
third day of each and every month to the office of the Com-

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 30th July 1895
4. Place of Birth, (Street and Number) 1610 E Eager st
5. Full Name of Mother Mary Schwarzhaupt ~~Eager~~
6. Mother's Maiden Name, Mary Schmick
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry Schwarzhaupt
9. Father's Occupation, Sailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groom

Address, 1441 Jay st

Remarks, 8950004895

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 1, 1895
4. *Place of Birth, (Street and Number)*	2302 Druid Hill Ave
5. *Full Name of Mother,*	Annie E. Parker
6. *Mother's Maiden Name,*	Maher
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	George W. Parker
9. *Father's Occupation*	Steamboating
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	J. Frank Crouch M.D
Address,	1051 Argyle St.
Remarks,	

0 7 5 0 0 0 4 8 9 6

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bernard Joseph Bull

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 Feby 1895
4. *Place of Birth, (Street and Number)* 1015 S Augusta
5. *Full Name of Mother,* Charlotte Bull
6. *Mother's Maiden Name,* Charlotte Jones
7. *Mother's Birthplace,* Washington D C
8. *Full Name of Father,* James Bull
9. *Father's Occupation* Laber
10. *Father's Birthplace,* Kent Co Md

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8950004897

Wm. J. C. Dulany Co,. City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
ter it shall become the duty of the person or parents of such
lth, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 16, 1905
4. *Place of Birth, (Street and Number)* 1701 E. Eutaw St
5. *Full Name of Mother,* Emma Simmons
6. *Mother's Maiden Name,* Stump
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John J. Simmons
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, J. X. Carroll M.D.

Address, 1851 Argyle St.

Remarks,

8 9 5 0 0 0 4 8 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 of July 1895
4. *Place of Birth, (Street and Number)* 1520 Hanover st
5. *Full Name of Mother,* Flora Fuda
6. *Mother's Maiden Name,* Flora Koupa
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jos. Fuda
9. *Father's Occupation* Tapezierer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Lisa Lvatara

Address, 1010 Durham st

Remarks,

1895 00 04 3 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 of July
4. *Place of Birth, (Street and Number)* 27 Carlis place
5. *Full Name of Mother,* Rosi Miller
6. *Mother's Maiden Name,* Rosi Hirlamen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles H. Miller
9. *Father's Occupation* Brig Lager
10. *Father's Birthplace,* Bremenhafen

Name of Medical Attendant, or other person who makes this Return, Louise Ehrlich

Address, 1010 Durham st

Remarks,

' 8 7 5 0 0 0 4 9 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practicioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or prac-
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
ter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
lth, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 de Julio 1895
4. *Place of Birth, (Street and Number)* 19 17 Caiste
5. *Full Name of Mother,* Catrina Baker
6. *Mother's Maiden Name,* Catrina Miler
7. *Mother's Birthplace,* Carmanye
8. *Full Name of Father,* Konrad Beller
9. *Father's Occupation* Cager Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Luise Svatora

Address, 1010 Durham st

Remarks,

8 9 5 0 0 0 4 9 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-4-50

RETURN OF A ~~BIRTH~~. 67267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Helena ~~Elizabeth~~ Burrier

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 July of 1895
4. *Place of Birth, (Street and Number)* 1026 Durham st
5. *Full Name of Mother,* Lina Burrier
6. *Mother's Maiden Name,* Lina Miller
7. *Mother's Birthplace,* Switzerland
8. *Full Name of Father,* Geo L Burrier
9. *Father's Occupation* Tinshit iron worker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Luise Svatora

Address, 1010 Durham st

Remarks,

8750004902

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 30. 1895
4. Place of Birth, (Street and Number) 1427 Linden ave
5. Full Name of Mother, Mary L Hiss
6. Mother's Maiden Name, " " Hughes
7. Mother's Birthplace, Md
8. Full Name of Father, Charles A Hiss
9. Father's Occupation Merchant
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, G Lane Dunyhue

Address, 1103 Madison ave

Remarks,

8950004903

...ractitioner in the form of a certificate between the first and ... the Commissioner of Health. In case the birth of any child ... practitioner of midwifery, or should no other person be in ... shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such ... attendance upon the mother, immediately thereafter, it shall ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...shall be delivered, duly signed by the practitioner, ... and place of birth, and the ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 67269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)* Female
3. *Date of Birth,* July 30, 1895.
4. *Place of Birth, (Street and Number)* 4 Bond St.
5. *Full Name of Mother,* Dora Finkelstein
6. *Mother's Maiden Name,* Dora Rindersheim
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Harry Finkelstein
9. *Father's Occupation* Peddler
10. *Father's Birthplace,* German

Name of Medical Attendant, or other person who makes this Return, R. Finkberg

Address, 27 Lloyd St.

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 5 0 0 0 4 9 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 31, 1895
4. *Place of Birth, (Street and Number)* 1421 Fairmount ave.
5. *Full Name of Mother,* Jannie Lapera
6. *Mother's Maiden Name,* Jannie Locke,
7. *Mother's Birthplace,* Rassia
8. *Full Name of Father,* Mike Lapera
9. *Father's Occupation* Cadlor
10. *Father's Birthplace,* Rossia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 27 Lloyd St.

Remarks,

' 8 9 5 0 0 0 4 9 0 5

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

~~CERTIFICATE AMENDED~~

RETURN OF A BIRTH 67271

GIVEN NAME ADDED 3-9-66

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Herbert Miller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* July 7-1895
4. *Place of Birth, (Street and Number)* 1739 Druid Hill Ave
5. *Full Name of Mother,* Henrietta Miller
6. *Mother's Maiden Name,* Henrietta Kaufman
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Max Miller
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Clinton Smith M.D.

Address, 1701 Druid Hill Ave.

Remarks,

6950004906

the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Co

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 67272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 17 - 1898
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Mary Slater
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Richard E. Slater
9. *Father's Occupation,* Bar Keeper
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Abram Smith M.D

Address, 1701 Bond Street Balto Md

Remarks,

8950004907

third day of each and every month to the office of the C... shall occur without the attendance of a physician or pra... attendance upon the mother, immediately thereafter it s... child to report its birth to the Commissioner of Health, n... any such person or persons who shall hereafter fail to co... jected to the fine of ten (10) dollars for each offense, to be...

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 67273

GIVEN NAME ADDED 5-24-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Laurence ~~Bowman~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colerd
3. Date of Birth, July 8 1895
4. Place of Birth, (Street and Number) Baltimore Md 6 Chaple st 129
5. Full Name of Mother,
6. Mother's Maiden Name, Carrie Bowman
7. Mother's Birthplace, Fairfax Co Va
8. Full Name of Father, Harry Robison
9. Father's Occupation Jobber
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Sarah A Jones

Address, Paterson Park Ave No 5-25

Remarks,

8950001908

the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 7th 1895

4. *Place of Birth, (Street and Number)* 714 Brady Ave.

5. *Full Name of Mother,* Mary E. Hartzell

6. *Mother's Maiden Name,* Keppler

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John W. Hartzell

9. *Father's Occupation* Shipping Clerk

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. B. Hart

Address, 815 Jefferson Ave

Remarks, Waverly

1 8 9 5 0 0 0 4 9 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 7th 1895
4. *Place of Birth, (Street and Number)* 111 Brady Ave
5. *Full Name of Mother,* Nellie Meredith
6. *Mother's Maiden Name,* Todd
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Wm R. Meredith
9. *Father's Occupation* Upholstering
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. B. Hart

Address, 515 Jefferson Ave

Remarks,

8 9 5 0 0 0 4 9 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

...or practioner of midwifery, or should no other person be in ... shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 12, 1895
4. *Place of Birth, (Street and Number)* 1822 Division St
5. *Full Name of Mother,* Mrs. Maggie Rummel
6. *Mother's Maiden Name,* Miss Maggie Murray
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* William Rummel
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return, B. B. Browne M.D.

Address, 510 Park Ave

Remarks,

8950004911

Wm J C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

2

RETURN OF A BIRTH. 67277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 20. 1895
4. *Place of Birth, (Street and Number)* 411 Washington
5. *Full Name of Mother,* Mrs Day Griffin
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jno Day
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. W. Browne M. D.

Address, 510 Park ave

Remarks,

8950004912

Wm J C. Dulany Co., City Printers and Stationers.

Any midwife, or person who shall practice midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Michael Emmet 3

RETURN OF A BIRTH. 67278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~6th~~ 5th

1. *Sex, (state whether male ~~or female~~)* ~~male~~ ~~Boy~~ (Michael Emmet)
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 22 : 1895
4. *Place of Birth, (Street and Number)* Park ave & Chase St
5. *Full Name of Mother,* Mrs Catherine T. Redding
6. *Mother's Maiden Name,* Catherine T. Flaherty
7. *Mother's Birthplace,* Albany New York
8. *Full Name of Father,* M. J. Redding
9. *Father's Occupation,* Signor merchant
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, B. B. Browne M. D.

Address, 510 Park Ave

Remarks,

8950004913

Wm J C. Dulany Co., City Printers and Stationers.

Physician or midwife in attendance to report birth. Penalty for neglect. Any physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are recoverable.

RETURN OF A BIRTH. 67341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* W
4. *Date of Birth,* August 1st
5. *Place of Birth, (Street and Number)* 1174 Columbia Ave
6. *Name of Mother,* Katie Gardiner
7. *Mother's Maiden Name,* Lyons
8. *Mother's Birthplace,* Baltimore
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Ellen Norris

Address, 412 South St

Remarks,

8950001914

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 1st 1895
4. *Place of Birth, (Street and Number)* 446 Orchard St.
5. *Full Name of Mother,* Cora Young
6. *Mother's Maiden Name,* Cora Burgess
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William E. Young
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, A. Johnson

Address, 1024 Park ave

Remarks,

8950004915

Every birth shall be reported to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 1st 95
4. *Place of Birth, (Street and Number)* 15 So Gilmor St
5. *Full Name of Mother,* Clara L Johnson
6. *Mother's Maiden Name,* Clara Mowery
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Johnson
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, [illegible] Dunn

Address,

Remarks,

8750004916

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 67344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex (state whether male or ~~female~~),*
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* August 1st 1895
4. *Place of Birth (Street and Number),* 614 Jefferson St (annex)
5. *Full Name of Mother,* Kate Kiddaff
6. *Mother's Maiden Name,* McCarthy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Kiddaff
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr Monmonier 2nd.

Address, 634 Gough Av

Remarks,

0 9 5 0 0 0 4 9 1 7

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 67345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7. Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, Born Aug 1st 1895

4. Place of Birth, (Street and Number) #865 Frederick Ave

5. Full Name of Mother, Mrs. Mary Trifspet

6. Mother's Maiden Name, Miss " Baltzeger

7. Mother's Birthplace, Balto City

8. Full Name of Father, Henry Trifspet

9. Father's Occupation Carpenter

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Mrs. Hiller

Address, #2008 No 4th Henry St

Remarks,

0 9 5 0 0 0 4 9 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67346 c

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, August 1st.

4. Place of Birth, (Street and Number) 331 Henrietta St.

5. Full Name of Mother, Era Belle ~~Benford~~ Nicholson

6. Mother's Maiden Name, Era Belle Befford

7. Mother's Birthplace, Ohio

8. Full Name of Father, Chr. G. W. Nicholson

9. Father's Occupation, Minister

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Hannah Katchett

Address,

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

0 9 5 U 0 0 4 9 1 9

Physician or midwife in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 1. 1895
4. *Place of Birth, (Street and Number)* Cooke's Ct 1207
5. *Full Name of Mother,* Mary ~~[illegible]~~ Jager
6. *Mother's Maiden Name,* Mary B. Rief
7. *Mother's Birthplace,* Germe
8. *Full Name of Father,* Jacob Jager
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germa

Name of Medical Attendant, or other person who makes this Return, Mrs E Hee

Address, No 619. Eden St

Remarks,

8 9 5 0 0 0 4 9 2 0

Shall occur without the attendance of a physician or midwife, in case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 1/95
4. *Place of Birth, (Street and Number)*	333 S. Howard St
5. *Full Name of Mother,*	Elizabeth Viereckt
6. *Mother's Maiden Name,*	Elizabeth Pyrtz
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	August Viereckt
9. *Father's Occupation*	Saloon Keeper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	E. Mitchaus M.D.
Address,	411 S. Sharp St
Remarks,	

8 7 5 U 0 0 4 9 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 67349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 a

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* colrita
3. *Date of Birth,* Aug 1. 1895 1. a m.
4. *Place of Birth, (Street and Number)* 235 N. Amity
5. *Full Name of Mother,* Barbara Able.
6. *Mother's Maiden Name,* Barbara Gas
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Able.
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Ayd Saxton

Address, 1136 Washington St

Remarks,

8950004922

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 67350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 1. August 1895 5. P. M.
4. Place of Birth, (Street and Number) Aliceanna St 1737.
5. Full Name of Mother, Anna Goluszczynska
6. Mother's Maiden Name, Anna Szymanska
7. Mother's Birthplace, Kicko / Poland - Germany -
8. Full Name of Father, Josef Goluszczynski
9. Father's Occupation, Organist
10. Father's Birthplace, Ostrowsko - Poland - Austria

Name of Medical Attendant, or other person who makes this Return, Rosa Zuchowska

Address, 1737 Aliceanna St. Baltimore Md.

Remarks, B

8950004923

Wm J C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August th. 1895
4. Place of Birth, (Street and Number) 607 west Lears st
5. Full Name of Mother, Jenney Howard
6. Mother's Maiden Name, Jenney Carter
7. Mother's Birthplace, Howard County
8. Full Name of Father, Francis Howard
9. Father's Occupation labour
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Sarah Jane Harrison

Address, 129 west Hurgert

Remarks, full 9 months

Wm. J. C. Dulany Co., City Printers and Stationers.

8950004924

Physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter fail to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 1

4. *Place of Birth, (Street and Number)* 284 E Lanvale St

5. *Full Name of Mother,* Anna Estell Sailsbury

6. *Mother's Maiden Name,* Anna Estell Carey

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* George Edward Sailsbury

9. *Father's Occupation* Grist Miller

10. *Father's Birthplace,* Weaversville

Name of Medical Attendant, or other person who makes this Return, Mary L Pegany MD

Address, 284 E Lanvale St

Remarks, 1895 0004925

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Col'd

3. *Date of Birth,* January 1 / 95

4. *Place of Birth, (Street and Number)* 710 E Pine St

5. *Full Name of Mother,* Elizabeth Smith

6. *Mother's Maiden Name,* Elizabeth Smith

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* John A Reed

9. *Father's Occupation* Tob

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Jane Norland

Address,

Remarks,

8 9 5 0 0 0 4 9 2 6

W. J. C. Dulany Co., City Printers and Stationers.

...the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1 August
4. Place of Birth, (Street and Number) S. Bond str. 616
5. Full Name of Mother, Helen Jankowsky
6. Mother's Maiden Name, Mazenska
7. Mother's Birthplace, Pole
8. Full Name of Father, Valentin Jankowsky
9. Father's Occupation, Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pritl

Address, S. Bond St 838

Remarks, 8 9 5 0 0 0 4 9 2 7

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Aug 1/95
4. *Place of Birth, (Street and Number)*	1103 Laubert St
5. *Full Name of Mother,*	Mrs Wm Furgeson
6. *Mother's Maiden Name,*	Bridget O Hara
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Wm Furgeson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Anna Connor
Address,	1112 Laubert St
Remarks,	

8 9 5 0 0 0 4 9 2 8

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 2nd 1895
4. *Place of Birth, (Street and Number)* 810 Bruce St
5. *Full Name of Mother,* Laura Johnson
6. *Mother's Maiden Name,* Tompust
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Julius Johnson
9. *Father's Occupation,* Employe of Jettered ice company
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Geo. H. Wayson

Address, 1639 W. Lafayette Ave

Remarks, Nothing Noteworthy

8 9 5 0 0 0 4 9 2 9

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 67357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 2 1895
4. *Place of Birth, (Street and Number)* 611 Stirling st
5. *Full Name of Mother,* Cary Gray
6. *Mother's Maiden Name,* Cary Marshall
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ulysis Gray
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. E. G. Baldwin M.D

Address 304 N. Exeter st

Remarks,

8950004930

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...practitioner in the form of a certificate between the first and ... the Commissioner of Health. In case the birth of any child ... or practitioner of midwifery, or should no other person be in ... ter it shall become the duty of the person or parents of such ... alth, in the manner and within the period above required, and ... il to comply with the provisions of this section shall be sub- ... to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 21 1895
4. *Place of Birth, (Street and Number)* 622 Clement st.
5. *Full Name of Mother,* Maggie Jaeger
6. *Mother's Maiden Name,* Snyder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Jaeger
9. *Father's Occupation* Workmann
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Cardini Schuster

Address, 434 E. Fortave.

Remarks,

' 8 9 5 0 0 0 0 1 9 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 2ond Day of August
4. *Place of Birth, (Street and Number)* 1727 Orleans street
5. *Full Name of Mother,* Rosetta Ford
6. *Mother's Maiden Name,* Rosetta Bedford
7. *Mother's Birthplace,* Baltimore city Maryland
8. *Full Name of Father,* George Alexander Ford
9. *Father's Occupation,* Loforer
10. *Father's Birthplace,* St marys County Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs Susan Hooper

Address, 123 Durham street

Remarks, No remarks

8 9 5 0 0 0 4 9 3 2

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 2nd
4. *Place of Birth, (Street and Number)* 10 Penn Lo
5. *Full Name of Mother,* Rosa Watson
6. *Mother's Maiden Name,* Rosa Griffin
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* William Watson
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, J. B. Credit M.D.

Address, 42 1/2 St Paul St

Remarks,

8 7 5 U 0 0 1 4 9 3

Wm J. C. Dulany Co., City Printers and Stationers.

Shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Aug 2 '95
4. *Place of Birth, (Street and Number)*	73 Belair ave.
5. *Full Name of Mother,*	Caroline Curran
6. *Mother's Maiden Name,*	" Huff
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Danl Jos. Curran
9. *Father's Occupation*	Railroader
10. *Father's Birthplace,*	United States
Name of Medical Attendant, or other person who makes this Return,	Wm J. Watson
Address,	1519 N. Broadway
Remarks,	

A 995000 4934

Wm. J. C. Dulany Co., City Printers and Stationers.

...practioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 X

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 2nd 91
4. Place of Birth, (Street and Number) 1154 Carroll
5. Full Name of Mother, Nora V Stallings
6. Mother's Maiden Name, Nora Pardon
7. Mother's Birthplace, Maryland -
8. Full Name of Father, James Stallings
9. Father's Occupation Brick Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Eva Grumpton

Address, 917 Lee St

Remarks,

1 8 9 5 U 0 0 4 9 3 5

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 2d 1895
4. *Place of Birth, (Street and Number)* 820 E. Preston
5. *Full Name of Mother,* Annie McKerrow Gilchrist
6. *Mother's Maiden Name,* " " Hall
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Thomas C Gilchrist
9. *Father's Occupation,* Physician
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return. L. E. Neale

Address, 108 E Read St.

Remarks,

8750004936

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 67364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Wild
3. *Date of Birth,* Friday Aug 1st 05 (4 P.M.)
4. *Place of Birth, (Street and Number)* 103 St Paul's Court
5. *Full Name of Mother,* Annie Price
6. *Mother's Maiden Name,* Richmond Va
7. *Mother's Birthplace,* Louisa Co Va
8. *Full Name of Father,* Walter Coleman
9. *Father's Occupation* Seaman
10. *Father's Birthplace,* Louisa Co Va

Name of Medical Attendant, or other person who makes this Return, Dr

Address, 116 N. Milton

Remarks, 0950004937

attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 3de
4. Place of Birth, (Street and Number) 810 Plum Alley
5. Full Name of Mother, Lucrilla O Fountain
6. Mother's Maiden Name, Lucrilla O Morgan
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Samuel Fountain
9. Father's Occupation, Drayman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Louesia Handsford

Address, * 704 W. York St.

Remarks, 8950004939

Wm J C. Dulany Co., City Printers and Stationers.

...become the duty of the person or parents of such ...attendance upon the mother, immediately thereafter it shall become ... child to report its birth to the Commissioner of Health, in the manner ... any such person or persons, who shall hereafter fail to comply with the ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 6/9 S. Eboward st
4. *Place of Birth, (Street and Number)* August -3- 1895
5. *Full Name of Mother,* Olivia Pitts
6. *Mother's Maiden Name,* Olivia Crosby
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James Pitts
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams

Address, 910 Leadenhall st

Remarks, $5- Dollars

1895000493 9

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter if such person be in attendance upon the child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 3rd 1895
4. *Place of Birth, (Street and Number)* Baltimore, 1706 Eutaw St
5. *Full Name of Mother,* Lizzie Woodley
6. *Mother's Maiden Name,* Lizzie Tafey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Elmer E. Woodley
9. *Father's Occupation* Contractor
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Jno. Hunter

Address, 1706 W. Eutaw St

Remarks, Jno. Hunter
23rd Page Addition

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 3rd 1895
4. *Place of Birth, (Street and Number)* 211 Patapsco St
5. *Full Name of Mother,* Lucy Waldager
6. *Mother's Maiden Name,* Siler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Friedrich Waldager
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. S. P. Harrington

Address, 924 Hanover St.

Remarks,

8950004941

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. August 3 1895

4. Place of Birth, (Street and Number) 311 Andrew St

5. Full Name of Mother, Edward Emery

6. Mother's Maiden Name. Hannah Lawrence

7. Mother's Birthplace. Hamburg Germany

8. Full Name of Father, Edward Emery

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Mrs Cornelius Allen

Address, W. 1407 Pratt St.

Remarks,

attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

0750004942

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 Aug 3d 95
4. *Place of Birth, (Street and Number)* 115 Carroll
5. *Full Name of Mother,* Louisa Rohlfs
6. *Mother's Maiden Name,* Louisa Magaretha
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Rohlfs
9. *Father's Occupation* Corset Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Edw Grempler MD

Address, 617 Saint St

Remarks,

1895000494 3

Wm. J. C. Dulany Co., City Printers and Stationers.

shall become the duty of the person or parties attending upon the mother, immediately thereafter it shall be the duty of the person or parties attending upon the mother, immediately thereafter it shall be the duty of the person or parties attending upon the mother, immediately thereafter it shall be the duty of the person or parties attending upon the mother, immediately thereafter it shall be the duty of the person or parties attending upon the mother, immediately thereafter it shall be the duty of the person or parties attending upon the mother, immediately thereafter it shall be the duty of the person or parties attending upon the mother, immediately thereafter it shall be the duty of the person or parties attending upon the mother, immediately thereafter it shall be the duty of the person or parties attending upon the mother, immediately thereafter it shall be the duty of the person or parties attending upon the mother, immediately thereafter it shall be the duty of the person or parties attending upon the mother, immediately thereafter it shall be the duty of the person or parties attending upon the mother, immediately thereafter it shall be the duty of the person or parties attending upon the mother, immediately thereafter it shall become the duty of the person or parties attending upon the mother, immediately thereafter it shall become the duty of the person or parties attending upon the mother, immediately thereafter it shall become

RETURN OF A BIRTH. 67372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 3 Aug. 1895
4. *Place of Birth, (Street and Number)* Alice Line St. 1614
5. *Full Name of Mother,* Frances Shepherd
6. *Mother's Maiden Name,* Dolan
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father.* John Shepherd
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mary Fraz 1.D.

Address, 602 L. Baltd St.

Remarks,

895000049145

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 67373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (State whether male or female) Male.
2. Race or color, (if not of the white race) White.
3. Date of Birth, Aug. 3. 1895.
4. Place of Birth, (Street and Number) 3122 Lawlor Ave. Balto Md
5. Full Name of Mother, Theresa Agnes Ewert
6. Mother's Maiden Name, Theresa Agnes Feustle.
7. Mother's Birthplace, Howard Co Md.
8. Full Name of Father, Charles Albert Ewert
9. Father's Occupation, Mill hand.
10. Father's Birthplace, Washington D C

Name of Medical Attendant, or other person who makes this Return Elizabeth Simmons

Address, Hampden Balto Md.

Remarks, 8950004946

Any physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 67375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 4th
4. *Place of Birth, (Street and Number)* 11 Bartlett St
5. *Full Name of Mother,* Kate Kurtz
6. *Mother's Maiden Name,* Mark
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Kourtz
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Thompson

Address, 412 Heath St

Remarks,

8950004947

Wm. J. C. Dulany Co., City Printers and Stationers.

Whoever without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 4th 1895
4. *Place of Birth, (Street and Number)* 924 Park St
5. *Full Name of Mother,* Lillie Waters
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Waters
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, S P Symington

Address, 924 Pinney St.

Remarks,

8950001940

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 4th 1895
4. *Place of Birth, (Street and Number)* 923 Bircay St
5. *Full Name of Mother,* Laura E Hall
6. *Mother's Maiden Name,* Lowe
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Hall
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah D Harrington

Address, 924 Bircay St

Remarks,

1895000 1949

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 4th 1895
4. Place of Birth, (Street and Number) 1315 Jefferson St.
5. Full Name of Mother, Gertrude Karpskin
6. Mother's Maiden Name, Esselman
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John Karpskin
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Francis A. Sauer M.D.

Address, 1398 N. Central Avenue

Remarks,

8 9 5 0 0 0 4 9 5 0

any such physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 67379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 4, 1895.
4. *Place of Birth, (Street and Number)* 1407 Hanbert St
5. *Full Name of Mother,* Emiline Lüch
6. *Mother's Maiden Name,* " " " Shechels
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Luch
9. *Father's Occupation,* Fabriker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Cornelius Allen

Address, 1407 Nicholson St

Remarks, Forceps

8 9 5 0 0 0 4 9 5 1

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 67380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),*
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug 4th 95
4. *Place of Birth (Street and Number),* Mount Hoiday (Annex)
5. *Full Name of Mother,* Martha Rof Dager
6. *Mother's Maiden Name,* Bartu.
7. *Mother's Birthplace,* Isr. D. Ross
8. *Full Name of Father,* Chas Chalm.
9. *Father's Occupation,* Baltimore
10. *Father's Birthplace,* Pa Commonwealth

Name of Medical Attendant, or other person who makes this Return. 634 Grosuch Rd.

Address,

Remarks,

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ery, or should no other person be in attendance upon the

e Publishing Co., City Printers and Stationers

8 9 5 0 0 0 4 9 5 2

RETURN OF A BIRTH. 67381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 August
4. *Place of Birth, (Street and Number)* Towson st 1212
5. *Full Name of Mother,* Mary Schoulin
6. *Mother's Maiden Name,* Cooper
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Majk Schoulin
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Urope

Name of Medical Attendant, or other person who makes this Return, Mary Bell

Address, S. Bond St 838

Remarks,

6750004953

Wm J C. Dulany Co., City Printers and Stationers.

If it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 67382

GIVEN NAME ADDED 11-9-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ida Naomi Merrick

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, August 7 / 95
4. Place of Birth, (Street and Number) 2531 Mary St
5. Full Name of Mother, Laura Merrick
6. Mother's Maiden Name, Laura Little
7. Mother's Birthplace, Carroll County
8. Full Name of Father, George Merrick
9. Father's Occupation, Motorman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return Annie M Poles

Address, 1410 Retreat St

Remarks, City

8950004954

Attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 67383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex, (state whether male or female)* Colored
2. *Race or Color, (if not of the white race)* August 11, 1895
3. *Date of Birth,* Maternité 410 N. Hoffman St.
4. *Place of Birth, (Street and Number)* Maud Brady M Lord
5. *Full Name of Mother,* Maud Brady
6. *Mother's Maiden Name,* Virginia
7. *Mother's Birthplace,* William M. Lord,
8. *Full Name of Father,* Porter
9. *Father's Occupation* Virginia
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Louis Eaton, M.D. Res. Physician

Address, Maternité Woman's Med. College
410 N. Hoffman St.

Remarks,

0750004955

Wm. J. C. Dulany Co., City Printers and Stationers.

Attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th.

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 4, 1895.
4. *Place of Birth, (Street and Number)* 24 Ostrey Street.
5. *Full Name of Mother,* Mary Keefer
6. *Mother's Maiden Name,* Hornung
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Gottlieb Keefer
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr Anna Schwartz

Address, 439 E. Fort ave.

Remarks,

8 9 5 U 0 0 4 9 5 6

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 10th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 2d 1895
4. *Place of Birth, (Street and Number)* No 220 St Mary's
5. *Full Name of Mother,* Annie M. Pilgrman
6. *Mother's Maiden Name,* " " Baldin
7. *Mother's Birthplace,* Queens Anne Co Md
8. *Full Name of Father,* Charles H. Pilgrman
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Cumberland Md

Name of Medical Attendant, or other person who makes this Return. Mrs. F. Myers

Address, No 722 Bradley St City

Remarks,

8950004957

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 67386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) Color
3. Date of Birth, August 4th 1895
4. Place of Birth, (Street and Number) No 1320 Eutaw St Balto Md
5. Full Name of Mother, Eliza Wheams
6. Mother's Maiden Name, Eliza Jones
7. Mother's Birthplace, Este Shore Md
8. Full Name of Father, Gustes Wheams
9. Father's Occupation Sailer Calvert Co Md
10. Father's Birthplace, Calvert Co. Md.

Name of Medical Attendant, or other person who makes this Return, Catherine Jones

Address, 409 W Hamburg St Balto Md

Remarks, X

8950004958

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 67387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* August the 4th
4. *Place of Birth, (Street and Number)* Baltimore No 113 Watson st
5. *Full Name of Mother,* Eliza E. Young
6. *Mother's Maiden Name,* Eliza E. Waters
7. *Mother's Birthplace,* dorchester Co md
8. *Full Name of Father,* John W. Young
9. *Father's Occupation* Labor
10. *Father's Birthplace,* dorchester Co md

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 419 Lewis st

Remarks, doing Well as can be expected

0 9 5 0 0 0 4 7 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67388 over

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 4th 95
4. Place of Birth (Street and Number)	1982 E Madison st
5. Full Name of Mother	Minnie May ~~Frost~~ Mocsleim
6. Mother's Maiden Name	M. M. Priest
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	Wm Edw. Mocsleim
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Chas. B. Kay M.D.
Address	920 N Bond
Remarks	

Name of child: Edward David Mocsleim

8950004960

Give the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children. Also, its or their physical condition, whether still born or not, the full name,

RETURN OF A BIRTH. 67389C

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 2d - Twin

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) B.
3. Date of Birth, Aug. 5 95 3 45 Pm
4. Place of Birth, (Street and Number) 1204 Gough St.
5. Full Name of Mother, Rose E. Jordan
6. Mother's Maiden Name, " " Worthington
7. Mother's Birthplace, Maryland
8. Full Name of Father, Paul Jordan
9. Father's Occupation Shirt Cutter
10. Father's Birthplace, B. C.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Williams

Address, 6 N. Bloomsby.

Remarks,

8950004961

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 67389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd - Twin
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	Aug. 5/95 - 3 - PM
4. *Place of Birth, (Street and Number)*	1204 Gough St
5. *Full Name of Mother,*	Rose E. Jordan
6. *Mother's Maiden Name,*	" " Worthington
7. *Mother's Birthplace,*	~~B.~~ Ireland ~~Shirt Cutter~~
8. *Full Name of Father,*	Paul Jordan
9. *Father's Occupation*	Shirt Cutter
10. *Father's Birthplace,*	B. C.
Name of Medical Attendant, or other person who makes this Return,	Geo. L. Nielsen M.D.
Address,	C. N. Bruny
Remarks,	8950004962

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 67390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 5 1895
4. *Place of Birth, (Street and Number)* 779 Mulberry St
5. *Full Name of Mother,* Paulena Dunn
6. *Mother's Maiden Name,* Eberhard
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Geo. Jr. Dunn
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs S Hunter

Address, 23 N. Poppleton St

Remarks,

8 9 5 0 0 0 4 9 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, or physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67391 c

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* Aug 5th 1895
4. *Place of Birth, (Street and Number)* 1127 Race St
5. *Full Name of Mother,* Francis Scott
6. *Mother's Maiden Name,* Francis Barton
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* William Scott
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Margrett Grigg

Address, 1127 Race St Balto Md

Remarks,

8 9 5 0 0 0 4 9 6 4

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67392 C

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 9 number of child

1. *Sex, (state whether male or female)* ..... Male

2. *Race or Color, (if not of the white race)* ..... Colored

3. *Date of Birth,* ..... August 5th

4. *Place of Birth, (Street and Number)* ..... Balto. 169 Hamburg St.

5. *Full Name of Mother,* ..... Gladys Benson

6. *Mother's Maiden Name,* ..... E. Norris born in Balto

7. *Mother's Birthplace,* ..... Baltimore

8. *Full Name of Father,* ..... L. Benson born in Balto

9. *Father's Occupation* ..... Drayman

10. *Father's Birthplace,* ..... Baltimore

Name of Medical Attendant, or other person who makes this Return, ... Abilla Brooks

Address, ... 1132 Garner St

Remarks, ... Doing Well

Carie Norris 4965

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 67393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Mary Gertrude Stewart.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) W.
3. Date of Birth, 5 Aug. 1895.
4. Place of Birth, (Street and Number) 412 N. Paca st,
5. Full Name of Mother, Hattie D. Stewart,
6. Mother's Maiden Name, Bryan,
7. Mother's Birthplace, Balto. City,
8. Full Name of Father, Geo. F. Stewart Jr,
9. Father's Occupation, Bill-hanger,
10. Father's Birthplace, Balt. City,

Name of Medical Attendant, or other person who makes this Return. J. J. Engle M.D

Address, 1007 W. Fayette st

Remarks,

8 9 5 0 0 0 4 9 6 6

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 1.

1. *Sex, (state whether male or female)* ..... Girl.
2. *Race or Color, (if not of the white race)* ..... White.
3. *Date of Birth,* ..... 5. August.
4. *Place of Birth, (Street and Number)* ..... N. 1906. Stanley's str.
5. *Full Name of Mother,* ..... Gertrud Punte.
6. *Mother's Maiden Name,* ..... Gertrud Schmidt.
7. *Mother's Birthplace,* ..... Baltimore.
8. *Full Name of Father,* ..... Henry Punte.
9. *Father's Occupation* ..... Tailor.
10. *Father's Birthplace,* ..... Germany.

Name of Medical Attendant, or other person who makes this Return, ... Mary Kloss.

Address, ... N. 9. Wolfe street.

Remarks, ...

8950004967

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-19-57 67395

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sidney Melvin Oliver

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday Aug 5th 95 (2 A.M.)
4. Place of Birth, (Street and Number) 625 N Carey St
5. Full Name of Mother, Mary E. Oliver
6. Mother's Maiden Name, Mary E. Keller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Percy Oliver
9. Father's Occupation Collector
10. Father's Birthplace, N York City

Name of Medical Attendant, or other person who makes this Return, Elizabeth Fox

Address, 116 W Fayette St

Remarks,

8950004963

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* August 5. 1895
4. *Place of Birth, (Street and Number)* 1134 Warrner St Baltimore Md
5. *Full Name of Mother,* Ellen Smith
6. *Mother's Maiden Name,* Ellen Gaines
7. *Mother's Birthplace,* Orange Co, Va
8. *Full Name of Father,* Charles W. Smith
9. *Father's Occupation* Steadtoring
10. *Father's Birthplace,* Fairfax Co Va

Name of Medical Attendant, or other person who makes this Return. Abrilla Brooks

Address, 1132 Warrner St

Remarks, Doing Well

8950004969

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. a.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 5. August.
4. Place of Birth, (Street and Number) A 1834. Biddlestreet.
5. Full Name of Mother, Mary Philippa.
6. Mother's Maiden Name, Mary Brosser.
7. Mother's Birthplace, Germany.
8. Full Name of Father, John Philippa.
9. Father's Occupation Labourer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mary Gross.

Address, A 9. Wagestreet.

Remarks,

BX5000004970

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 67398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* July 28
4. *Place of Birth, (Street and Number).* Ann St. 604
5. *Full Name of Mother.* Anna Baratzki
6. *Mother's Maiden Name,* " Kuchinski
7. *Mother's Birthplace,* Polaland
8. *Full Name of Father,* Joseph Baratzki
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Mary Hozka

Address, 602 S. Bond St

Remarks,

1895000497 1

Wm. J. C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67399 C

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 6 1895
4. Place of Birth, (Street and Number) No. 203 E. Eager st.
5. Full Name of Mother, Ellen Redmond
6. Mother's Maiden Name, Ellen Riley
7. Mother's Birthplace, Ireland
8. Full Name of Father, Nicholas Redmond
9. Father's Occupation Machinist
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Chas. A. Blewett M.D.

Address, 1741 Hanford ave

Remarks, 8950004972

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 6, 1895
4. *Place of Birth, (Street and Number)* 1018 Clifton Place
5. *Full Name of Mother,* Margaret R. Brooks
6. *Mother's Maiden Name,* Margaret R. Kane
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Chas. Brooks
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return. W. McLean Yost M.D.

Address, 1231 Argyle Ave

Remarks,

B 9 5 U 0 0 4 9 7 3

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 67401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Mal
2. *Race or Color, (if not of the white race)* Colrd
3. *Date of Birth,* August 4th 1895
4. *Place of Birth, (Street and Number)* Henry st 124
5. *Full Name of Mother,* Ellen Frazer
6. *Mother's Maiden Name,* Ellen Frazer Still
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Will Frazer
9. *Father's Occupation* Labourer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah Jane Thomas

Address, 124 west Henry st

Remarks, full 9 months

67500014974

Wm. J. C. Dulany Co,. City Printers and Stationers.

shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 6th 95.
4. Place of Birth, (Street and Number) 1023 N. Caroline str.
5. Full Name of Mother, Annie Finke
6. Mother's Maiden Name, Annie Frauenhorst
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Frank Finke
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Meyer M. D.

Address, 1019 N. Caroline str.

Remarks,

8950001975

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 August
4. Place of Birth, (Street and Number) 1 Ann st 813
5. Full Name of Mother, Frances Krzinsky
6. Mother's Maiden Name, Malinowsky
7. Mother's Birthplace, Pole
8. Full Name of Father, Valentin Krzinsky
9. Father's Occupation, Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Fitl

Address, S Bond St 838

Remarks,

1 0 7 5 0 0 0 4 9 7

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh,

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, ~~Jul~~ Aug. 7th

4. Place of Birth, (Street and Number) 220 Patapsco St.,

5. Full Name of Mother, Mary Kemper

6. Mother's Maiden Name, Stanley

7. Mother's Birthplace, Baltimore,

8. Full Name of Father, Charles Kemper

9. Father's Occupation, Porter.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Maggie A. Wilkinson

Address, No. 14 W. Cross St.,

Remarks,

8750004977

Wm J C. Dulany Co., City Printers and Stationers.

Attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 67405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 7 th. 1895

4. Place of Birth, (Street and Number) 1414 McHenry St

5. Full Name of Mother, Sarah Bell.

6. Mother's Maiden Name, Sarah Hinton

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Bell

9. Father's Occupation, Mechanic

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Ard Sexton

Address, 1136 N Eutaw St

Remarks, 1895000067405

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 7. of August
4. Place of Birth, (Street and Number) 515 Parrish alley
5. Full Name of Mother, Jane Taylor
6. Mother's Maiden Name, Jane Woods
7. Mother's Birthplace, Richmon Co. Va.
8. Full Name of Father, Jassie Taylor
9. Father's Occupation, Labor of Warf
10. Father's Birthplace, Lancaster Co. Va.

Name of Medical Attendant, or other person who makes this Return, Carrie Reed 417 Parrish

Address, 417 Parrish Steet

Remarks, Mother age 30

Father age 45

C 5 0 0 0 4 9 7 9

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, ~~3*d*, &c.~~) 2 Children

1. *Sex,* (~~*state whether male or*~~ *female*) female
2. *Race or Color,* (~~*if not of the white race*~~) colored
3. *Date of Birth,* august 7 - 1885 at 10 minutes of 2 oclock
4. *Place of Birth,* (*Street and Number*) 823 Mc Donoughs Street
5. *Full Name of Mother,* Leina ambrose
6. *Mother's Maiden Name,* ---- askins
7. *Mother's Birthplace,* maryland
8. *Full Name of Father,* Walter ambrose
9. *Father's Occupation,* labour
10. *Father's Birthplace,* maryland

Name of Medical Attendant, or other person who makes this Return. Josephine Cooper

Address, 921 Shuter

Remarks, mother and baby is both well

Baltimore Md

825 0004

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 67408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7—

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Aug - 7 - 1895
4. *Place of Birth, (Street and Number)* 15 Center Market Space
5. *Full Name of Mother,* Elisabeth Fries
6. *Mother's Maiden Name,* " Maurer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Simon ~~Fries~~ Fries
9. *Father's Occupation,* Restaurateur
10. *Father's Birthplace,* Balto. County Md

Name of Medical Attendant, or other person who makes this Return, Pierre G. Dauschund

Address, 1731 E. Baltimore st

Remarks,

0750004981

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Aug 7th 1895
4. *Place of Birth, (Street and Number)*	# 2124 Mary Anne St
5. *Full Name of Mother,*	Mrs. Marie Friedl
6. *Mother's Maiden Name,*	Miss Smith
7. *Mother's Birthplace,*	Böhmen, Germany
8. *Full Name of Father,*	John Friedl
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Böhmen Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hiller
Address,	# 2008 N. Henry St
Remarks,	

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

0 9 5 0 0 0 4 9 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	14th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Aug 7
4. *Place of Birth, (Street and Number)*	1617 E. Oliver St
5. *Full Name of Mother,*	Margaret Eller
6. *Mother's Maiden Name,*	" Wilson
7. *Mother's Birthplace,*	W. Va.
8. *Full Name of Father,*	Conrad Eller
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Wm J. Watson
Address,	1519 N. Broadway
Remarks,	

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6 9 5 0 0 2 4 9 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th Child

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* August 6th 1895.
4. *Place of Birth, (Street and Number)* Balto City # 2117 mc Elderry st.
5. *Full Name of Mother,* Mrs. Catherine Wilson
6. *Mother's Maiden Name,* Mrs. Catherine Crosley.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mr. James Wilson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore,

Name of Medical Attendant, or other person who makes this Return, Dr. Adelaide Howard.

Address, # 1013 N Chapel St.

Remarks,

8 9 5 0 0 0 4 9 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

All become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 7th 95
4. *Place of Birth, (Street and Number)* 2217 E. Fayette st
5. *Full Name of Mother,* Mary Ann Neary
6. *Mother's Maiden Name,* Mary Ann Connor
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Thos Neary
9. *Father's Occupation* Furnace Hand Balto Chrom Work
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Knowles

Address, ~~2217 E~~ Fayette St 2103 Aliceanna Stre

Remarks,

1895 0001995

Wm. J. C. Dulany Co., City Printers and Stationers.

Attendance upon the Mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Emily Regina Wenige

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 4.00 A.M. August 7th 1895
4. Place of Birth, (Street and Number) 711 N. Stricker Str.
5. Full Name of Mother, Christina Regina Wenige
6. Mother's Maiden Name, Hoppel
7. Mother's Birthplace, Carrollton, Carroll Co. Md.
8. Full Name of Father, Charles Wenige
9. Father's Occupation Storekeeper
10. Father's Birthplace, Saxony Germany

Name of Medical Attendant, or other person who makes this Return, Grace Smith

Address, 565 Union Str.

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 5 0 0 0 4 9 8 6

RETURN OF A BIRTH. 67414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 7th 95.
4. Place of Birth, (Street and Number) 905 Ramsay St.
5. Full Name of Mother, Kate Reinardt
6. Mother's Maiden Name, Kate Murphy
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Wm. P. Reinardt
9. Father's Occupation Cigar maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Henry C. Tice. M.D.

Address, 1203 W. Fayette St

Remarks, 1 8 9 5 0 0 1 9 8 7

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6744/55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug 7th 11

4. *Place of Birth, (Street and Number)* 2 Lucas's 1733 Bunecki

5. *Full Name of Mother,* Anna Maletaski

6. *Mother's Maiden Name,* "

7. *Mother's Birthplace,* Poland

8. *Full Name of Father* Andrew Bunecki

9. *Father's Occupation* Labarer

10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kenna

Address, 602 S. Bond St.

Remarks,

8950004903

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 10. Be it enacted, That it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 7th, "
4. *Place of Birth, (Street and Number)* Fleet Ave. 1622
5. *Full Name of Mother,* Rosa Kowalski
6. *Mother's Maiden Name,* " Stanczyk
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* George Kowalski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Mary Wolczko

Address, 602 S. Bond St.

Remarks,

8950004989

Wm. J. C. Dulany Co., City Printers and Stationers.

...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67417

GIVEN NAME ADDED 12/13/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Gordon Huster

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 8th 95
4. *Place of Birth, (Street and Number)* 23 S Carey
5. *Full Name of Mother,* Ricky C Huster
6. *Mother's Maiden Name,* Ricky C. Schlotthober
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Andrew E Huster
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Edw Gruepl

Address, 517 Leadr Ln

Remarks,

8 9 5 0 0 0 4 9 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-12-63

RETURN OF A BIRTH. 67418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mildred Witte

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)		First
1. *Sex, (state whether male or female)*		Female
2. *Race or Color, (if not of the white race)*		white
3. *Date of Birth,*		August 8. 95
4. *Place of Birth, (Street and Number)*		621 Saratoga St
5. *Full Name of Mother,*		Maggie C. Witte
6. *Mother's Maiden Name,*		Stohlweg
7. *Mother's Birthplace,*		Baltimore Md
8. *Full Name of Father,*		Henry C. Witte
9. *Father's Occupation,*		Baltimore Md
10. *Father's Birthplace,*		Book Keeper
Name of Medical Attendant, or other person who makes this Return,		Fred. Pickel M.D.
Address,		1312 Ashland Ave
Remarks,		

8950004991

Section 5. And be it further enacted, That the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, aug - 8 - 1895
4. Place of Birth, (Street and Number) 1939 Orleans st
5. Full Name of Mother, Frances K. Schuch
6. Mother's Maiden Name, " " Neuberger
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Adolph P. Schuch
9. Father's Occupation, Dry Goods Merchant
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, Pierre C. Dausel

Address, 1731 E. Baltimore st.

Remarks,

0 7 5 0 0 0 4 9 9 2

Wm J. C. Dulany Co., City Printers and Stationers.

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 8. 95
4. *Place of Birth, (Street and Number)* 1732 Federal St
5. *Full Name of Mother,* Rida L. Gorsuch
6. *Mother's Maiden Name,* Rida L. Allenbaugh
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Theodore P Gorsuch
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, W. C. Sandrock

Address, 1242 N. Broadway

Remarks,

6 7 5 0 0 0 4 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 4th

1. *Sex, (~~state whether~~ male ~~or female~~)* Male

2. *Race or Color, (~~if not of the~~ white race)* White

3. *Date of Birth,* August 8th 1895

4. *Place of Birth, (Street and Number)* 224 N. Eden St.

5. *Full Name of Mother,* Emma J. Hall

6. *Mother's Maiden Name,* Emma J. Stiff

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* Samuel Hall

9. *Father's Occupation* Machinist

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. John L. Thomas M.D.

Address, 662 Baltimore St.

Remarks,

£75001994

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [redacted] No 9.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1895 6 of august
4. *Place of Birth, (Street and Number)* 107 arch st
5. *Full Name of Mother,* Mary May Handy
6. *Mother's Maiden Name,* Mary May acomb
7. *Mother's Birthplace,* Baltimor City
8. *Full Name of Father,* Michael J Handy
9. *Father's Occupation* Basket maker
10. *Father's Birthplace,* Louisville Ky

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Payne st

Remarks,

U 95 0004995

Wm. J. C. Dulany Co., City Printers and Stationers.

Attendance upon the Mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 67423

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of child: Edmund ~~De Witt~~ Vernon Holzschuher

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (~~if not of the~~ white race)*
3. *Date of Birth,* August 7th 1895
4. *Place of Birth, (Street and Number)* #847 Harlem Ave
5. *Full Name of Mother,* Augusta ~~Holtzstatter~~ Holzschuher
6. *Mother's Maiden Name,* Augusta Eilermann
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John B. ~~Holtzstatter~~ Holzschuher
9. *Father's Occupation,* Bookbinder
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. S. E. Benson M.D.

Address, #1047 Harlem Ave

Remarks,

0750004996

, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. 67424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 7th
4. *Place of Birth, (Street and Number)* 601 Oxford Ave
5. *Full Name of Mother,* Annie P McAuliff
6. *Mother's Maiden Name,* A P Maguire
7. *Mother's Birthplace,* D.C.
8. *Full Name of Father,* Chas H McAuliff
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* North Carolina

Name of Medical Attendant, or other person who makes this Return, T K Galloway M D

Address, 318 E Lanvale St.

Remarks,

0750004997

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m] C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 8th Aug

4. Place of Birth, (Street and Number) 1214 Harford Ave

5. Full Name of Mother, Mary Bachner

6. Mother's Maiden Name, Binau

7. Mother's Birthplace, Balto

8. Full Name of Father, John Bachner

9. Father's Occupation Cigar maker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 944 N Eager

Remarks,

0750004290

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 8th 95.
4. *Place of Birth, (Street and Number)*	2123 Druid Hill Ave
5. *Full Name of Mother,*	Carrie Pollock
6. *Mother's Maiden Name,*	" Delavie
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Gabriel Pollock
9. *Father's Occupation*	Printer
10. *Father's Birthplace,*	Philadelphia
Name of Medical Attendant, or other person who makes this Return,	Thomas Opie
Address,	219 Monument St W.
Remarks,	

8950004999

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6742

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ild of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. x, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 August
4. Place of Birth, (Street and Number) 822 N. Paath st
5. Full Name of Mother, Pauline Otto
6. Mother's Maiden Name, Pauline Durst
7. Mother's Birthplace, Ulm Würtenberg
8. Full Name of Father, Wendalans Otto
9. Father's Occupation, Mechanic
10. Father's Birthplace, Elbe Kosteletz Bohemia.

Name of Medical Attendant, or other person who makes this Return, Mrs. Catherine Seibadr

Address, No. 735. N. Pratt, St. Balto. Md.

Remarks,

child ... port its birth to the Commissioner of Health, ... any such ... person or persons who shall hereafter fail to ... jected to a ... fine of ten (10) dollars for each offense, to be ... e, to be recovered as other fines and forfeitures are ...

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 67428 V

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 8, 1895
4. Place of Birth, (Street and Number) 1929 Brunt St
5. Full Name of Mother, Lizzie Gross Thomas
6. Mother's Maiden Name, Lizzie Gross
7. Mother's Birthplace, Md.
8. Full Name of Father, William Thomas
9. Father's Occupation, Carpenter
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return, Louise Eaton Md. Res. Phys.

Address, Maternite Annaie Med. College

Remarks, 410 N. Hoffman St -

8 9 5 0 0 0 5 0 0 1

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Di Santa
3. *Date of Birth,* Aug. 8 ~~th~~
4. *Place of Birth, (Street and Number)* Interlaken Str. 609
5. *Full Name of Mother,* Victora Abramiuski
6. *Mother's Maiden Name,* ~~[illegible]~~ Jaunlbert
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Gustav Abramiuski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krozka

Address, 602 S. Broadway

Remarks,

6 7 5 0 0 0 5 0 0 2

...th, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to co... jected to the fine of ten (10) dollars for each offence, to be ... e, to be recovered as other fines and forfeitures are recoverable.

...m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 August
4. Place of Birth, (Street and Number) S. Bond St. 837
5. Full Name of Mother, Katie Valasi
6. Mother's Maiden Name, Vujtik
7. Mother's Birthplace, Uroff
8. Full Name of Father, Vojtech Valasi
9. Father's Occupation, Work-man
10. Father's Birthplace, Uroff

Name of Medical Attendant, or other person who makes this Return, Mary Bell

Address, S Bond St. 538

Remarks,

0750005003

and within the period above required, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Oct 4th 1893
4. Place of Birth, (Street and Number) 1 Balto West Street
5. Full Name of Mother, Mrs Gertrude E Scott
6. Mother's Maiden Name, Miss Gertrude Douglass
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Mr. William Henry Scott
9. Father's Occupation Laborer.
10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return Mrs Adelaide Howard

Address, #113 N Chapel St Balto

Remarks, X

0 9 5 0 0 5 0 0 4

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Aug 9th 1895
4. *Place of Birth, (Street and Number)*	# 327 Smallwood St
5. *Full Name of Mother,*	Mrs. Mary Hittle
6. *Mother's Maiden Name,*	Miss. " Miller
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Frank Hittle
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hiller
Address,	# 2008 No. Henry St
Remarks,	

8 9 5 0 0 0 5 0 0 5

J. C. Dulany Co., City Printers and Stationers.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ber and within the period above required, and ...o comply with the provisions of this section shall be sub-

...ons who shall hereafter fail to comply with the ...

FILM SAFETY

GIVEN NAME ADDED. 8-29-55

RETURN OF A BIRTH. 67433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Hilda Flerlage

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Friday August 9, 1895
4. Place of Birth, (Street and Number) 10 N. Dun St. Balto.
5. Full Name of Mother, Josephine ~~Sa~~ Flerlage.
6. Mother's Maiden Name, Josephine Sauer
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Carl Flerlage
9. Father's Occupation Merchant Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, A. J. Sauer M.D.

Address, 3042 O'Donnell St. Balto. Md

Remarks,

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

0750005006

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 7th 1895
4. *Place of Birth, (Street and Number)* No 1139 Leadenhall St
5. *Full Name of Mother,* Kunigunda Frank
6. *Mother's Maiden Name,* Kunigunda Loeffler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Conrad Frank
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Catherine Hornung

Address, No 1317 Byrd St

Remarks,

Wm. J. C. Dulany Co,. City Printers and Stationers.

B 7 5 0 0 0 5 0 0 7

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-20-72

RETURN OF A BIRTH

67435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) MALE ~~Male~~ Alfred Edgar Hill
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 9th 95.
4. Place of Birth, (Street and Number) 117 Park Ave.
5. Full Name of Mother, Minna Hill
6. Mother's Maiden Name, Minna Funk
7. Mother's Birthplace, Germany
8. Full Name of Father, Heinrich Hill
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Meyer M.D.

Address, 1019 N. Caroline str.

Remarks, FILED. 1895

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* August 9-1895
4. *Place of Birth, (Street and Number)* 124 Hanover st
5. *Full Name of Mother,* Josephine Thomas
6. *Mother's Maiden Name,* Josephine Bloomer
7. *Mother's Birthplace,* Lancaster Co Pa
8. *Full Name of Father,* John Blake
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Prince ann Co md

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams

Address, 110 Leaden hall st Balto

Remarks,

8950005009

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred in each month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Return. This schedule must be filled out as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the first and last name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 9 1865
4. *Place of Birth, (Street and Number)* In 1631 Harford ave.
5. *Full Name of Mother,* Bertha Scruggs
6. *Mother's Maiden Name,* Bertha Baldwin.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Randle Scruggs.
9. *Father's Occupation* Butter Seller.
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Geo. A. Blewett M.D.

Address, 1741 Harford ave.

Remarks, 0750005010

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67438

GIVEN NAME ADDED. 10-24-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Carl Samuel Cooper

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Birth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 10th - 1895
4. *Place of Birth, (Street and Number)* # 543 N. Carrollton St
5. *Full Name of Mother,* Josephine Cooper
6. *Mother's Maiden Name,* Josephine Smith
7. *Mother's Birthplace,* Edonville Md.
8. *Full Name of Father,* John H. Cooper
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary E. Jones

Address, [redacted] # 363 N. Eutaw St.

Remarks,

0750005011

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Augt 10 1895
4. *Place of Birth, (Street and Number)*	1347 N. Stricker
5. *Full Name of Mother,*	Edith Jammel
6. *Mother's Maiden Name,*	Edith Myers
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Jammel
9. *Father's Occupation,*	Music Teacher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo. H. Simms M.D
Address,	1571 Presstman
Remarks,	

0750005012

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the name and occupation of its parents, the date and place of their marriage, and the maiden name of the mother; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, or his authorized agent, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 10th
4. *Place of Birth, (Street and Number)*	1502 N. Mount
5. *Full Name of Mother,*	Mrs. J. Disney
6. *Mother's Maiden Name,*	Mrs J. Mueller
7. *Mother's Birthplace,*	Baltimore Co Md
8. *Full Name of Father,*	C. H. Disney
9. *Father's Occupation,*	Dairyman
10. *Father's Birthplace,*	Baltimore Co. Md
Name of Medical Attendant, or other person who makes this Return,	Ed. H. Norris M.D
Address,	1501 Presstman
Remarks,	

0750005013

month, and shall set forth in the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 10. August.
4. Place of Birth, (Street and Number) N 1304. Riggs. Avenue.
5. Full Name of Mother, Julie Ranft.
6. Mother's Maiden Name, Julie Lehne.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Adolf Ranft.
9. Father's Occupation Shoemaker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mary E. Ross.

Address, N. 9. Webb. Street.

Remarks,

8950005014

Wm. J. C. Dulany Co., City Printers and Stationers

The ... shall be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 10th Aug 95.
4. Place of Birth, (Street and Number) 5-10 Hanburg St.
5. Full Name of Mother, Rachel Johnson
6. Mother's Maiden Name, Rachel Armstrong
7. Mother's Birthplace, Harford County
8. Full Name of Father, John Richie Johnson
9. Father's Occupation, Steamydor
10. Father's Birthplace, South Carolina

Name of Medical Attendant, or other person who makes this Return, Charity Boalden

Address, 908 Stockholm st

Remarks, doing well

8450050015

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the name and occupation of its parents, the date and place of birth, and the been conferred), its sex, color, the full name and occupation of the parents, the date and place of birth, and the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name, sex, color, the date and place of birth, and the occupation of its parents, the date and place of birth; and the full name and occupation of the physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 11th 1895
4. *Place of Birth, (Street and Number)* 304 Fait Ave
5. *Full Name of Mother,* Margaretta Rider
6. *Mother's Maiden Name,* Attlee
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm C Rider
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah L Harrington

Address, 924 Binney St

Remarks,

0 9 5 0 0 0 5 0 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67444

GIVEN NAME ADDED 11-4-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Jennie Gold.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, Aug 10th 95

4. Place of Birth, (Street and Number) 107 N. Bauer st

5. Full Name of Mother, Dora Gold

6. Mother's Maiden Name, Dora Postaris

7. Mother's Birthplace, Russia

8. Full Name of Father, Tomas Gold

9. Father's Occupation, Peddler

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Wm Rubinstein M.D.

Address, 105 N. Bauer st

Remarks, Baltimore Md

8 9 5 0 0 0 5 0 1 7

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that has been of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner attendance upon the mother, immediately thereafter it shall be child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 13445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	Caucasian
3. *Date of Birth,*	Aug 10 95
4. *Place of Birth, (Street and Number)*	306 Hanover st
5. *Full Name of Mother,*	Jette Miller
6. *Mother's Maiden Name,*	Jette Bezborodki
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Jacob Miller
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	Wm Rabinstein M.D
Address,	# 105 N. Barre st
Remarks,	

0 9 5 0 0 0 5 0 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd "
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	August 10/95
4. *Place of Birth, (Street and Number)*	237 N. Gay St
5. *Full Name of Mother,*	Rebecca Webb
6. *Mother's Maiden Name,*	" Montgomery
7. *Mother's Birthplace,*	Pelisburgh Va.
8. *Full Name of Father,*	Jas. V. Webb
9. *Father's Occupation*	Salesman
10. *Father's Birthplace,*	Harpers Ferry Va.
Name of Medical Attendant, or other person who makes this Return,	J. C. Chlendorf M.D.
Address,	518 N. Gay St
Remarks,	

8950005019

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

67447

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 10th 1895
4. *Place of Birth, (Street and Number)* No. 1548 Olive street Baltimore City
5. *Full Name of Mother,* Emma Jane Connaway
6. *Mother's Maiden Name,* Emma Jane Myers.
7. *Mother's Birthplace,* Baltimore City Md.
8. *Full Name of Father,* Joe. Connaway
9. *Father's Occupation,* Araber
10. *Father's Birthplace,* Baltimore City Md

Name of Medical Attendant, or other person who makes this Return. Mrs Annie M. Goeller

Address, No. 1709 Hanover st Md Baltimore City

Remarks,

, 8 9 5 0 0 8 5 0 2 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred in each family, and the full name of each child, if any shall have been christened, the date and place of birth; and the full name and occupation of its parents, the date and place of marriage of its parents, and the first and month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of marriage of its parents, and the first and been conferred) its sex, color, duly signed by the practitioner in the form of a certificate between the birth of any child said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the practitioner or midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner it shall become the duty, of the person or parents of such attendance upon the mother, immediately thereafter it shall be the duty of the person in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* aug 10th 95
4. *Place of Birth, (Street and Number)* # 213 N Bruce St
5. *Full Name of Mother,* Georgeanna Addisson
6. *Mother's Maiden Name,* Georgeanna Ruhl
7. *Mother's Birthplace,* Easton Shore accomac Va
8. *Full Name of Father,* John E. Addisson
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Easton Shore North Hamerton

Name of Medical Attendant, or other person who makes this Return, Carrie Reid

Address, 417 Parrish alley

Remarks,

1 0 4 5 0 0 0 5 0 2 1

Wm J C. Dulany Co., City Printers and Stationers.

...occupation of its parents, the date and place of birth; and the ...e practitioner in the form of a certificate between the first and ...he Commissioner of Health. In case the birth of any child ...or practitioner of midwifery, or should no other person be in ...ter it, shall become the duty of the person or parents of such ...lth, in the manner and within the period above required, and ...ail to comply with the provisions of this section shall be sub... to be recovered as other fines and forfeitures are recoverable.

...month, and shall ... the full name and occupation ... been conferred; its sex, color, the full name and occupation ... said schedule shall be delivered, duly signed by the practi... third day of each and every month to the office of the Com... shall occur without the attendance of a physician or prac... attendance upon the mother, immediately thereafter it ... child to report its birth to the Commissioner of Health, in ... any such person or persons who shall hereafter fail to c... jected to the fine of ten (10) dollars for each offence, to be r...

month, and shall set forth as the same can be ascertained the date and place of birth; and the
son of its parents, the date and place of birth; and the full name and occupation of the
been conferred) its sex; color, the full name and occupation of the first and
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 10th 1895
4. *Place of Birth, (Street and Number)*	394 Hudson St
5. *Full Name of Mother,*	Margarette Winkler
6. *Mother's Maiden Name,*	Sprok
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Herman F Winkler
9. *Father's Occupation*	Fireman
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Sarah P Harrington
Address,	924 Binney St.
Remarks,	

8950005022

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 day of August
4. *Place of Birth, (Street and Number)* Baltimore 637 Monroe St
5. *Full Name of Mother,* Mrs Minnie Campbell
6. *Mother's Maiden Name,* Minnie Watsons
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mr James Campbell
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Rollings

Address, 1610 Vincents Lt Balto

Remarks,

' 8950005023

month, and shall set forth as the same can be ascertained the date and place of birth; and the name of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

over

RETURN OF A BIRTH. 67451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Francis Dennis ~~Gildea~~ Gildea

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 10th 95.
4. Place of Birth, (Street and Number) 421 N. Carrollton Ave.
5. Full Name of Mother, Minnie M. Gildea
6. Mother's Maiden Name, Minnie M. Berry
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Francis Gildea
9. Father's Occupation Printer
10. Father's Birthplace, Baltimore, Md. Henry Co. Ohio. M.D.

Name of Medical Attendant, or other person who makes this Return

Address, 1203 N. Fayette St

Remarks,

8 7 5 0 0 0 5 0 2 4

Health. This schedule shall contain a list of the names of each child, if any shall have been born alive at the same birth, and the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 6-23-52

RETURN OF A BIRTH. 67452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edwin Walter Moreau

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7th August 1895
4. *Place of Birth, (Street and Number)*	Klemen St. W. 450 MOREAU
5. *Full Name of Mother,*	Augusta Bonen
6. *Mother's Maiden Name,*	" Mongerson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Otto Hermann MOREAU
9. *Father's Occupation*	Schneider
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Lizzie Schaeffler.
Address,	E. Fort Ave Locust Point 1708
Remarks,	

' 8 9 5 0 0 0 5 0 2 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Aug 10th 1895
4. *Place of Birth, (Street and Number)*	# 2101 West Lexington St
5. *Full Name of Mother,*	Mrs. Maggie Wiese
6. *Mother's Maiden Name,*	Miss: Schellenschalger
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	John Wiese
9. *Father's Occupation*	Potrey
10. *Father's Birthplace,*	Preissen Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	# 2008 N. Henry St
Remarks,	

8 9 5 0 0 0 5 0 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...upation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

occupation of its parents, the date and place of birth; and the
e practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
ter it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 10 th
4. *Place of Birth, (Street and Number)* Eastern Ave. 1363
5. *Full Name of Mother,* Rosa Tomakavich
6. *Mother's Maiden Name,* Sajeck
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* John Tomakavich
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krozka

Address, 602 S Bond St

Remarks,

8450005027

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 10, 1895
4. *Place of Birth, (Street and Number)*	E 1021 Druid Pl St.
5. *Full Name of Mother,*	Katie Fenkel.
6. *Mother's Maiden Name,*	Katie Scherer
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Wm G Fenkel.
9. *Father's Occupation*	Plumber
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Otto H F Leinhardt M.D
Address,	#1017 E Charles St.
Remarks,	

8750005028

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as the same can be ascertained by inquiry of its parents, the date and place of birth; and the
been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67456 c

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* ..... Male

2. *Race or Color, (if not of the white race)* ..... White

3. *Date of Birth,* ..... August 2 1895

4. *Place of Birth, (Street and Number)* ..... 912 Forest St

5. *Full Name of Mother,* ..... Ella Latimer

6. *Mother's Maiden Name,* ..... Ray Latimer

7. *Mother's Birthplace,* ..... Baltimore Md

8. *Full Name of Father,* ..... Daniel Latimer

9. *Father's Occupation* ..... Driver

10. *Father's Birthplace,* ..... Prince an County

Name of Medical Attendant, or other person who makes this Return, ... Edward Crapp

Address, ... 530 Bogest ave

Remarks, ... 8950005029

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 67457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5. d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 10. 1895
4. *Place of Birth, (Street and Number)*	Nicholson St. 1519.
5. *Full Name of Mother,*	Maggie Derwart
6. *Mother's Maiden Name,*	Maggie Handel
7. *Mother's Birthplace,*	Balt
8. *Full Name of Father,*	Mikel Derwart
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other person who makes this Return.	Mrs Ethel.
Address,	1619 Cuba St
Remarks,	Balt

8950005030

Wm J. C. Dulany Co., City Printers and Stationers.

...pation of its parents, the date and place of birth, and the ...mother, the sex, color, the full name and occupation of the father, and the ...been conferred) its sex, color, the full name and occupation of the father, and the ...practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner in case the birth of any child ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recoverable. ...to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4. d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	~~Feb~~ August 10. 1895
4. *Place of Birth, (Street and Number)*	Hubbert St. 1071
5. *Full Name of Mother,*	Annie Jater
6. *Mother's Maiden Name,*	Annie Jater
7. *Mother's Birthplace,*	Germena
8. *Full Name of Father,*	Georeg ~~Jater~~ Jater
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balt
Name of Medical Attendant, or other person who makes this Return,	Mrs Ethel
Address,	1619 Cuba St
Remarks,	Balt

0 9 5 0 0 0 5 0 3 1

Wm J C. Dulany Co., City Printers and Stationers.

occupation of its parents, the date and place of birth, and the
been conferred; its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practi
e practitioner in the form of a certificate between the first and
he Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or prac
ter it shall become the duty of the person or parents of such
attendance upon the mother, immediately thereafter it s
alth, in the manner and within the period above required, and
child to report its birth to the Commissioner of Health, in
af to comply with the provisions of this section shall be sub
any such person or persons who shall hereafter fail to c
jected to the fine of ten (10) dollars for each offence, to be
, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First and Second

1. *Sex, (state whether male or female)* Both Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 1st November 5th 1893 2nd August 4th 1895

4. *Place of Birth, (Street and Number)* 1st 1037 Hollins 2d 905 Boyd St

5. *Full Name of Mother,* Mary E Ellen Mc Guire

6. *Mother's Maiden Name,* Mary E Ellen Walsh

7. *Mother's Birthplace,* Baltimore Maryland U S A

8. *Full Name of Father,* John Joseph H Guire

9. *Father's Occupation* Carpenter

10. *Father's Birthplace,* Baltimore Maryland U S A

Name of Medical Attendant, or other person who makes this Return, Susan Tenston

Address, 23 N Payson St

Remarks, 8 9 5 0 0 5 0 3 Tenston

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. The schedule shall contain the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 67460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, August 1st 1895
4. *Place of Birth*, (*Street and Number*) 1112 Argyle Ave
5. *Full Name of Mother*, Dora Muhly
6. *Mother's Maiden Name*, Dora Fruitz
7. *Mother's Birthplace*, Balto
8. *Full Name of Father*, ~~Herman~~ George Muhly
9. *Father's Occupation*, Farmer
10. *Father's Birthplace*, Balto

Name of Medical Attendant, or other person who makes this Return. C. A. Lemp MD

Address, 1202 Argyle Ave

Remarks,

8 9 5 0 0 0 5 0 3 3

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 67461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug. Baltimore St. 1 Hall Street
4. Place of Birth, (Street and Number) Hall Street
5. Full Name of Mother, Mrs Gertrude Scott
6. Mother's Maiden Name, Miss Gertrude Worden
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Henry Scott
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Lelia Ward

Address, 1013 N. Chapple st.

Remarks, 1895 0005034

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Return must be filled out as far as the same can be ascertained, the full name of each child, if any, shall be month, and shall set forth as far as known, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of such shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67462

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 9, 95
4. *Place of Birth (Street and Number)* 5-14 McMechen St.
5. *Full Name of Mother* Elizabeth Daigle Burns
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Ed. Burns
9. *Father's Occupation* Stonemason
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. J. D. Lobtan

Address 1214 Linwood Ave

Remarks

8950005035

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 9th 1905

4. *Place of Birth, (Street and Number)* No 12. South Broadway.

5. *Full Name of Mother,* Maggie Lee Kraft.

6. *Mother's Maiden Name,* Maggie Lee Brooks

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Charles C. Kraft

9. *Father's Occupation* Hunter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E. Dugan

Address, 702 Frederick Road. City.

Remarks, 8950005036

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

67464

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 11, 93
4. *Place of Birth (Street and Number)* 235 Dolphin St.
5. *Full Name of Mother* Anita Griffin Quinn
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* George Quinn
9. *Father's Occupation* Shipsmith
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. J. A. Abbott

Address 1314 Linden Ave.

Remarks

8950005037

That any physician, midwife, or other person who shall fail to report to the registrar aforesaid, within the City of Baltimore, shall report to the registrar aforesaid, advise at the birth of any child, within the City aforesaid, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

67465

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Aug 11th 98.
4. *Place of Birth, (Street and Number)*	763 Ramsay St
5. *Full Name of Mother,*	Ella May Cole
6. *Mother's Maiden Name,*	" " Linton
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James O Cole
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Edw Grunfelder M D
Address,	917 Scott St.
Remarks,	

8950005038

Wm. J. C. Dulany Co., City Printers and Stationers.

on of its parents, the date and place of birth, and the
been conferred) its sex, color, the full name and occupation of its
tioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 1, 1895
4. *Place of Birth, (Street and Number)*	728 W Hamburg St
5. *Full Name of Mother,*	Maggie Tracey
6. *Mother's Maiden Name,*	Maggie Jenkins
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Tracey
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Edw Grumpler
Address,	517 Lombard
Remarks,	

8950005039

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 67467 C

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 11
4. Place of Birth, (Street and Number) 2009 Franklin wood
5. Full Name of Mother, Ida Anna Brand
6. Mother's Maiden Name, Ida Anna Worley
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Bernard F Brand
9. Father's Occupation Wool grader
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary I Pierson M D

Address,

Remarks,

8 9 5 0 0 0 5 0 4 0

When a birth occurs, the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of child to which the mother has given birth, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 11 Aug 1895
4. *Place of Birth, (Street and Number)* 1548 Ball st.
5. *Full Name of Mother,* Tallare Caskert
6. *Mother's Maiden Name,* Meuzhaw
7. *Mother's Birthplace,* America
8. *Full Name of Father,* George Caskert
9. *Father's Occupation* labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave.

Remarks,

8950005041

Wm. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th Child.

1. *Sex, (state whether male or female).* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 11 th August 1895.
4. *Place of Birth, (Street and Number)* Hull St No 1924.
5. *Full Name of Mother,* Kathi Boyle.
6. *Mother's Maiden Name,* " Ripple.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Rob Boyle.
9. *Father's Occupation* Shimmer.
10. *Father's Birthplace,* Poslen.

Name of Medical Attendant, or other person who makes this Return. Lizzie Schaffler

Address, E Fortieth St 1708.

Remarks,

, 8 9 5 0 0 0 5 0 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person to report the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 11
4. *Place of Birth, (Street and Number)*	1104 E. Monument St
5. *Full Name of Mother,*	Anna Wehrman
6. *Mother's Maiden Name,*	" Borman
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Oscar Wehrman
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary Morgan
Address,	412 Sept 11 71
Remarks,	

8 9 5 0 0 0 5 0 4 3

month, and shall set forth, as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth, and the been conferred), its sex, color, the full name and occupation of the parents, and the date of the marriage. Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 7-21-58

RETURN OF A BIRTH. 67477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	W —
3. *Date of Birth,*	Aug 11 '95
4. *Place of Birth, (Street and Number)*	2223 E. Biddle
5. *Full Name of Mother,*	Mary E. Baker
6. *Mother's Maiden Name,*	" " Hodgdon
7. *Mother's Birthplace,*	Penna
8. *Full Name of Father,*	Oliver G. Baker
9. *Father's Occupation*	carpenter
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	Wm J Watson
Address,	1519 N. B'way
Remarks,	

, 8 9 5 0 0 0 5 0 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 14. 1895
4. *Place of Birth, (Street and Number)* 2010 E. Chase St.
5. *Full Name of Mother,* Annie Stinemire
6. *Mother's Maiden Name,* Annie Harvey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Stinemire
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. W. C. Sandrock

Address, 1242 N. Broadway

Remarks, 8950005045

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

67493

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Augt 12/98
4. Place of Birth, (Street and Number) 1432 North ave
5. Full Name of Mother, Cora Klitch
6. Mother's Maiden Name, Cora Lewis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Klitch
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo W Norris M.D

Address, 1501 Presstman

Remarks,

8950005046

been conferred) its sex, color, the full name and residence of the parents, and the date of birth, in the form of a certificate between the first and tioner in the form of a certificate between the first and tioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in case the birth of any child missioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or to such person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the
of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
ner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner in case the birth of any child
nmissioner of Health. In case the birth of such
said every month to the office of the Commissioner of Health. In case the birth of such
ouer of midwifery, or should no other person be in
third day of each and every month to the office or practioner of midwifery, or should no other person be in
ll become the duty of a physician or practioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 2

4. *Place of Birth, (Street and Number)* 10 St Nicholas St

5. *Full Name of Mother,* Lizzie Louise Smith

6. *Mother's Maiden Name,* Lizzie Louise Smith

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* William Charles Carruther

9. *Father's Occupation* Baltimore

10. *Father's Birthplace,* Mrs Mary Norman

Name of Medical Attendant, or other person who makes this Return, 412 Park Pl

Address,

Remarks,

8 9 5 0 0 0 5 0 4 7

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 69475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 12th 1895
4. Place of Birth, (Street and Number) 1205 Mosher
5. Full Name of Mother, Eugenia Reindollar Norman
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto. City
8. Full Name of Father, David F. Reindollar
9. Father's Occupation, Clerk
10. Father's Birthplace, Carroll County Md.

Name of Medical Attendant, or other person who makes this Return, W. K. Warner M.D.

Address, 901 N. Stricker St

Remarks,

8950005048

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 67476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 14th 1899
4. *Place of Birth, (Street and Number)* 831 N Lombard St
5. *Full Name of Mother,* Augusta Boykin
6. *Mother's Maiden Name,* Robes
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Franklin Forest Boykin
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace,* Norfolk Va

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 231 N Pappleton St

Remarks, 8950005049

Wm. J. C. Dulany Co., City Printers and Stationers.

nuonth, and shall set forth as far as the same can be ascertained the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 12 th
4. Place of Birth, (Street and Number) 1400 Fleet
5. Full Name of Mother, Pauline Mapezara Kunelstuni
6. Mother's Maiden Name, "
7. Mother's Birthplace, Poland
8. Full Name of Father, Kasmir Mapezara Lbeven
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Mrozowski

Address, 602 S. Bond St

Remarks,

8950005050

Wm. J. C. Dulany Co., City Printers and Stationers.

(Every birth which occurs in the City of Baltimore, after the first day of January, 1875, of which a live child (or more than one) has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 of August 1895
4. Place of Birth, (Street and Number) 743 Aliceanna St.
5. Full Name of Mother, Bronislawa Gajkowska
6. Mother's Maiden Name, Bronislawa Gajkowska
7. Mother's Birthplace, Tuchow. Poland. Austria
8. Full Name of Father, Josef Gajkowski
9. Father's Occupation, Labor
10. Father's Birthplace, Tuchow - Poland Austria

Name of Medical Attendant, or other person who makes this Return, Rozalia - Lubkowska

Address, 1737 - Aliceanna St Baltimore Md.

Remarks,

' 8 9 5 0 0 0 5 0 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of the parents, and the date of birth, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in attendance, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1-st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 12th 1895
4. *Place of Birth, (Street and Number)* Maternite 410 N. Hoffman St
5. *Full Name of Mother,* Susanna Thurston
6. *Mother's Maiden Name,* Susanna Thurston
7. *Mother's Birthplace,* Harford Co. Md.
8. *Full Name of Father,* Frank Lee
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Louise Eaton M.D. Res. Phys.

Address, Maternite Hoffman's Med. College

Remarks, 410 N. Hoffman Street

0 7 5 0 0 0 5 0 5 2

been conferred) its sex, color, the full name and occupation of the parents of such child, the place of birth, and such other information as may be required by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Aug 13th 1895
4. *Place of Birth, (Street and Number)*	#319 Sandlewood St
5. *Full Name of Mother,*	Mrs. Christina, Heiner Kraft
6. *Mother's Maiden Name,*	Miss "
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Henry Heiner
9. *Father's Occupation*	Watchman
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hiller
Address,	#2008 No. Henry St
Remarks,	

6750005053

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 13th 1895
4. Place of Birth, (Street and Number) 1618 Eastern Ave
5. Full Name of Mother, Maggie Stein
6. Mother's Maiden Name, Maggie Welty
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Jacob Stein
9. Father's Occupation, Tailor
10. Father's Birthplace, Allegany Co

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1712 Eastern Ave Balto Md

Remarks, 8950005054

been conferred, its sex, color, the full name and residence of the parents, and the number in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in case the birth of any child third day of each and every month to the office of the Commissioner of Health. shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

pation of its parents, the date and place of birth, and the
month, and shall set forth as far as practicable the occupation
been conferred) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 67482c

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 13th 1895 8 a m
4. *Place of Birth, (Street and Number)* 1109 Mc Culloh
5. *Full Name of Mother,* Adele Pollack Davidson
6. *Mother's Maiden Name,* Adele Pollack
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Isaac Davidson
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Herbert Pollack M D

Address, Baltimore, Md.

Remarks,

8950005055

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 7-8-55

RETURN OF A BIRTH. 1483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Dorothy Louise Scott, 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 13 Aug 1935
4. Place of Birth, (Street and Number) Lenderman & McCulloh
5. Full Name of Mother, Hattie Scott
6. Mother's Maiden Name, Spring
7. Mother's Birthplace, Illinois
8. Full Name of Father, Wm A Scott
9. Father's Occupation, Fellow Hopkins Hospital
10. Father's Birthplace, Illinois

Name of Medical Attendant, or other person who makes this Return. H M Wilson

Address, 1008 Mad. Ave.

Remarks,

8950005056

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...cupation of its parents, the date and place of birth, and the ...e practitioner in the form of a certificate between the first and ...f the Commissioner of Health. In case the birth of any child ..., or practitioner of midwifery, or should no other person be in ...fter it shall become the duty of the person or parents of such ...ealth, in the manner and within the period above required, and ...fail to comply with the provisions of this section shall be sub- ..., to be recovered as other fines and forfeitures are recoverable.

...month, and shall set forth as far as ... been conferred) its sex, color, the full name and occupation ... said schedule shall be delivered, duly signed by the practi... third day of each and every month to the office of the C... shall occur without the attendance of a physician or pra... attendance upon the mother, immediately thereafter it s... child to report its birth to the Commissioner of Health, u... any such person or persons who shall hereafter fail to c... jected to the fine of ten (10) dollars for each offense, to be ...

practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
ter it shall become the duty of the person or parents of such
lth, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the
third day of each and every month to the office of the
shall occur without the attendance of a physician or
attendance upon the mother, immediately thereafter it
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to com-
jected to the fine of ten (10) dollars for each offence, to be

RETURN OF A BIRTH. 67484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1th Child.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	13 th August 1895.
4. *Place of Birth, (Street and Number)*	Eleanor St. 16 N. 1509.
5. *Full Name of Mother,*	Hermine Dziwiza
6. *Mother's Maiden Name,*	" Hofer.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Josef Dziwiza.
9. *Father's Occupation*	Tuermann.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	Lizzie Schaeffer.
Address,	E Fort Ave N. 1708.
Remarks,	

1895 0005057

Wm. J. C. Dulany Co., City Printers and Stationers.

67485

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, Aug. 14 1895
4. Place of Birth, (Street and Number) 631 Longwood St.
5. Full Name of Mother, Gertrude Ringold Moore.
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto.
8. Full Name of Father, Daniel Ringold
9. Father's Occupation, Waiter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. H. T. Carr, M. D.

Address, 1062 Argyle Ave.

Remarks,

8950005058

Health. This schedule shall contain a list of all births occurring within the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 67486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 14th 1895
4. *Place of Birth, (Street and Number)* 521 S. Wolf Street
5. *Full Name of Mother,* Maggie Jutt
6. *Mother's Maiden Name,* Maggie Ulsch
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* George W. Jutt
9. *Father's Occupation,* Cash Maker
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1712 Eastern Ave Balto Md.

Remarks,

8950005059

Wm J C. Dulany Co., City Printers and Stationers.

the form of a certificate between the first and
been collected, duly signed by the practitioner in the for
said schedule shall be delivered, duly signed by the practitioner or other person be in
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such
child to report its birth to the Commissioner of Health, immediately thereafter it shall become the duty of the person above required, and
attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 M Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14 th August 1895
4. *Place of Birth, (Street and Number)*	Aisdre St. 1430
5. *Full Name of Mother,*	Johanna Theler
6. *Mother's Maiden Name,*	" Kenedy
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	William Theler
9. *Father's Occupation*	Paper Hanger
10. *Father's Birthplace,*	Scotland
Name of Medical Attendant, or other person who makes this Return.	Lizzie Schaeffler
Address,	E Fort Ave 1765
Remarks,	

' 8950005060

Wm. J. C. Dulany Co., City Printers and Stationers.

The Physician or Midwife in attendance upon any birth, shall deliver the parent or parents, or other person having charge of the child, a certificate in the form of a certificate between the first and third days, inclusive, after the birth, duly signed by the practitioner in the manner required by the Commissioner of Health. In case the birth of any child shall be delivered, duly signed by the practitioner in the manner required by the Commissioner of Health. In case the birth of any child said schedule shall be delivered every month to the office of the Commissioner of Health. In case the birth of any child to the office of

RETURN OF A BIRTH. 64488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 14th 1895.
4. *Place of Birth, (Street and Number)* 1547 Bruce St.
5. *Full Name of Mother,* Ellen Kelly
6. *Mother's Maiden Name,* Ellen Chase
7. *Mother's Birthplace,* Prince George Co Md.
8. *Full Name of Father,* Harry Kelly
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Accomac Co Va.

Name of Medical Attendant, or other person who makes this Return, Mary Casey

Address, 1809 Lemmon St.

Remarks,

8950005061

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 14 1895.
4. *Place of Birth, (Street and Number)* No. 1812 N. Chester st.
5. *Full Name of Mother,* Mary Lillian Gorsuch Lainge
6. *Mother's Maiden Name,* Mary Lillian Gorsuch
7. *Mother's Birthplace,* Penn.
8. *Full Name of Father,* John W. Dillon.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return. Asa A. Colwell M.D.

Address, 1241 Hanford ave.

Remarks, 8950005062

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall state the name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the office of the practioner in the case the birth of any child third day of each and every month to the Commissioner in case the birth of such child to report its person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall state the sex, color, the full name and occupation of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
ter it shall become the duty of the person or parents of such
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
lth, in the manner and within the period above required, and
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
, to be recovered as other fines and forfeitures are recoverable.
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 14. 1895
4. *Place of Birth, (Street and Number)* 2656 Old York Road Govans
5. *Full Name of Mother,* Lillian Eckle
6. *Mother's Maiden Name,* Lillian B Blackburn
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* George W Eckle
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Geo E. Bailey

Address, Attend N 8 Talbot St Govans

Remarks,

6 7 5 0 0 0 5 0 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 14th 91

4. Place of Birth, (Street and Number) 611 Hanover St

5. Full Name of Mother, Mary Rauser

6. Mother's Maiden Name, Mary Lang —

7. Mother's Birthplace, Germany —

8. Full Name of Father, Paul Rauser

9. Father's Occupation Mechanist

10. Father's Birthplace, Germany —

Name of Medical Attendant, or other person who makes this Return, Edw Griffith

Address, 517 Sound St.

Remarks, Premature Delivery

8950005064

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter, or should no other persons who shall become the duty, of the person above required, and shall occur without the attendance of a physician or practitioner it shall become the duty of midwifery, or should no other persons who shall become the duty of the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 67492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 14 1895

4. Place of Birth, (Street and Number) Baltimore Ind. 432 Pilmore St

5. Full Name of Mother, Sophia Kerseurater Kuler

6. Mother's Maiden Name, Germany

7. Mother's Birthplace, Laurence Kerseurater

8. Full Name of Father, Baker

9. Father's Occupation Germany

10. Father's Birthplace, Ho Ky Brewing Co Baltimore Ind

Name of Medical Attendant, or other person who makes this Return,

Address, 414 Hicker St Baltimore Ind

Remarks, Mother and Child are doing well

8 9 5 0 0 0 5 0 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

of its parents, the date and place of birth; and the
of a certificate between the first and
ner in the form of the Commissioner of Health. In case the birth of any child
missioner of Health, or should no other person be in
oner of midwifery, of the person or parents of such
ll become the duty, of the period above required, and
e manner and within of this section shall be sub-
ly with the provisions of forfeitures are recoverable.
covered as other fines and

RETURN OF A BIRTH. 67493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th -

1. Sex, (state whether male or female) Female —
2. Race or Color, (if not of the white race) White —
3. Date of Birth, 14 August. 1895 - 9.½ P. M —
4. Place of Birth, (Street and Number) 709. S. Bond St. -
5. Full Name of Mother, Urszula Szulska
6. Mother's Maiden Name, Urszula Szulska —
7. Mother's Birthplace, Poland
8. Full Name of Father, Antoni Szulski —
9. Father's Occupation, Laber
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Rozalia Zuchowska

Address, 1737. Aliceanna St. Baltimore Md.

Remarks,

1 67 5 0 0 0 5 0 6 6

been conferred its sex, color, the full name and occupation of the parents, as near as may be, the first and
in the form of a certificate between the first and
In case the birth of any child
oner of Health, or should no other person be in
er of midwifery, or should no other person or parents of such
become the duty of the person required, and
manner and within the period above required, and
with the provisions of this section shall be sub-
ered as other fines and forfeitures are recoverable.
said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person required, and
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 67494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 15 1895
4. *Place of Birth, (Street and Number)* 1814 N. Franklin St
5. *Full Name of Mother,* Louisa Brockbauer
6. *Mother's Maiden Name,* Klinger
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* John William Brockbauer
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Wm O Clemmens

Address, 1621 N. Carrollton Ave

Remarks,

8950005067

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the attendant upon the mother in the birth of such child. The attendant shall also give information of the first and subsequent births of the mother in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 67495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 16th 1895
4. Place of Birth, (Street and Number) 1727. William. St
5. Full Name of Mother, Lena. Ott. Russell
6. Mother's Maiden Name, Lena. Ott. Lins
7. Mother's Birthplace, Baltimore. Md
8. Full Name of Father, William. Francis. Russell
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore. Md

Name of Medical Attendant, or other person who makes this Return, Ellenora a. anderson

Address, 1434 Patapsco. St

Remarks,

8 9 5 0 0 0 5 0 6 8

been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, the first and given name selected for the child, and such other information as may be required in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, august 16 1895
4. Place of Birth, (Street and Number) 513 E hughes St
5. Full Name of Mother, Rosine Miller
6. Mother's Maiden Name, Rosine Rieger
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Charles Miller
9. Father's Occupation, Ferryman
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Ellenora A Anderson

Address, 1434 Patapsco St

Remarks,

1895 0 0 0 5 0 6 9

been conferred; its sex, color, the [illegible] practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or shall no other person or practitioner of midwifery, or should become the duty of the person or parents of such shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be the duty of such person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the
its parents, the date and place of birth; and the
in the form of a certificate between the first and
sioner of Health. In case the birth of any child
er of midwifery, or should no other person be in
become the duty of the person or parents of such
manner and within the period above required, and
with the provisions of this section shall be sub-
ered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 16, 1895
4. *Place of Birth, (Street and Number)*	309 Hudson St, Estd.
5. *Full Name of Mother,*	Emma Eckes
6. *Mother's Maiden Name,*	Emma Kuns
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	John Eckes
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Baltimore County
Name of Medical Attendant, or other person who makes this Return,	A. J. Sauer M.D.
Address,	3012 O'Donnell Street
Remarks,	

8750005070

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child, Howard F. Scheidle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth, August 16, 1895
4. Place of Birth, (Street and Number) 212 E. Christian St.
5. Full Name of Mother, Elizabeth (Hauer) Scheidle
6. Mother's Maiden Name, Elizabeth Hauerpmeyer
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Henry (Frederick) Scheidle
9. Father's Occupation Brewer
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, G. Heuisler M.D.

Address, 251 W. Lanvale St.

Remarks,

6 7 5 0 0 5 0 7 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 16, 95.
4. *Place of Birth, (Street and Number)* 621 N. Calhoun St.
5. *Full Name of Mother,* Elizabeth Spruit
6. *Mother's Maiden Name,* Elizabeth Allen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas. H. Spruit
9. *Father's Occupation,* Compositor
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. W. McLean Yost M. D.

Address, 1231 Argyle Ave.

Remarks,

8950005072

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH 67500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 16. 1895. 3 30 a m.
4. Place of Birth, (Street and Number) 311 Selma Ave.
5. Full Name of Mother, Elizabeth Caughy
6. Mother's Maiden Name, Elizabeth Linehan
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Caughy
9. Father's Occupation, Clerk.
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. A M Sexton M D

Address, 1136 W Lexington St

Remarks,

8 9 5 0 0 0 5 0 7 3

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...tion of its parents, the date and place of birth, and the full name and occupation of the physician or midwife present at the birth, and shall set forth the said facts, the date and place of birth, and the month, and shall set forth the sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the physician or practitioner in the case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other persons of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th. 95.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 16th 95.

4. Place of Birth, (Street and Number) 1923 W. Pratt st.

5. Full Name of Mother, Maria Graham

6. Mother's Maiden Name, Maria Pugh

7. Mother's Birthplace, Ireland

8. Full Name of Father, William Graham

9. Father's Occupation Machinist

10. Father's Birthplace, Ireland Harry Co. Md.

Name of Medical Attendant, or other person who makes this Return. 1703 W. Pratt st

Address,

Remarks, 8950005074

month, and shall set forth as far as the same can be ascertained the date and place of birth, and the name and occupation of its parents, the date and place of birth, and the full name and occupation of the father, and shall be signed by the practitioner in the form of a certificate between the first and been conferred, its sex, color, the full name and occupation of the father, and shall be signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the case the birth of any child been conferred, its sex, color, the full name and occupation of the father, and shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in said schedule shall be delivered, duly signed by the practitioner in the case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subattendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 67502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	No 1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 16th 1895
4. *Place of Birth, (Street and Number)*	1015 E Pratt
5. *Full Name of Mother,*	Mollie Eisenberg
6. *Mother's Maiden Name,*	Buchoff
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Louis Eisenberg
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	S. Ridgway Andrews M.D.
Address,	1123 E Baltimore St
Remarks,	8950005075

month, and shall set forth as the same can be ascertained (1) the name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 17. 1895 — 3.30 P.M.
4. *Place of Birth, (Street and Number)* 1755 E. Fourth ave
5. *Full Name of Mother,* Ruth A. E. Zimmerman
6. *Mother's Maiden Name,* Ruth A. Zimmerman
7. *Mother's Birthplace,* Balt. Co. Md
8. *Full Name of Father,* Robert Zimmerman
9. *Father's Occupation* Commission Merchant
10. *Father's Birthplace,* Balt. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Chas Bell Brewster M.D.

Address, 1627 Madison Ave.

Remarks,

8 7 5 0 0 0 5 0 7 6

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mother, the name, sex, color, the full name and occupation of its parents, the date and place of birth and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-23-60

RETURN OF A BIRTH. 67504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Marie Carey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, August 17th - 1895

4. Place of Birth, (Street and Number) 1617 Riggs Ave

5. Full Name of Mother, Lizzie Carey

6. Mother's Maiden Name, O'Neill

7. Mother's Birthplace, Balto City

8. Full Name of Father, Thomas J. Carey

9. Father's Occupation Laborer

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Louis S. Hack

Address, 1647 W Lafayette Ave

Remarks,

0750005077

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...birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the ...been conferred, duly signed by the practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug. 18th
4. *Place of Birth, (Street and Number)* 2035 Division St
5. *Full Name of Mother,* Mary F. Adams
6. *Mother's Maiden Name,* Short
7. *Mother's Birthplace,* Charles Co Md
8. *Full Name of Father,* Jas A. Adams
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, Dr. S. Huck.

Address, 647 N. Lafayette Ave.

Remarks,

0750005070

Wm. J. C. Dulany Co., City Printers and Stationers.

... of its parents, the date and place of birth, and the ... sex, color, the full name and occupation of its ... been conferred; its sex, color, the full name and occupation of its ... and shall be delivered, duly signed by the practitioner in ... been conferred, duly signed by the practitioner in the form of a certificate between the first and ... said schedule shall be delivered month to the office of the Commissioner of Health. In case the birth of any child ... third day of each and every month to the office or practioner of the Commissioner of Health. In case the birth ... shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	No 1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 18th 1895.
4. *Place of Birth, (Street and Number)*	No 6 S Central Ave
5. *Full Name of Mother,*	Estelle E Faber
6. *Mother's Maiden Name,*	" " Forman
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Harry Faber
9. *Father's Occupation*	Shipping Clerk
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	J. Ridgway André M.D.
Address,	1123 E Balto St
Remarks,	8950005079

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67507

To the Office of Registrar of Vital Statistics; Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 3-

1. *Sex, (state whether male ~~or female~~)* Male
2. *Race or Color, (~~if not of the white race~~)* colored
3. *Date of Birth,* 15 august 1895 - at ten minutes of 1 o'clock
4. *Place of Birth, (Street and Number)* 505 N.C Donough Street
5. *Full Name of Mother,* Sarah L Cosson
6. *Mother's Maiden Name,* - - - Lizzie Cornish
7. *Mother's Birthplace,* Cambridge M d
8. *Full Name of Father,* Leonard Corsan
9. *Father's Occupation,* waiter and Coachman
10. *Father's Birthplace,* Balto M d

Name of Medical Attendant, or other person who makes this Return. Josephine Cooper

Address, 921 Shuter Street

Remarks, mother and child are both well

Balo Md

6 9 5 0 0 0 5 0 8 0

been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner or practitioners of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 67508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 20th 1895

4. Place of Birth, (Street and Number) 1819 Lanvale St.

5. Full Name of Mother, Mary Dooley

6. Mother's Maiden Name, Mary Cahill

7. Mother's Birthplace, Ireland

8. Full Name of Father, John L. Dorsey

9. Father's Occupation, Police Baltimore C.A.

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mary Dorsey

Address, 1819 Lanvale St.

Remarks, 1895 00055081

been conferred) its sex, color, the full name and occupation of its parents, the date of its birth, and the number of the child of the mother, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) color
3. Date of Birth, monday Aug 19
4. Place of Birth, (Street and Number) 1126 Perry St
5. Full Name of Mother, Mrs Carrie Germon
6. Mother's Maiden Name, Carrie Washington
7. Mother's Birthplace, Esselba Va
8. Full Name of Father, John Germon
9. Father's Occupation Hard carry
10. Father's Birthplace, Boston Va

Name of Medical Attendant, or other person who makes this Return, Mrs Ellen Jackson

Address, 126 Perry St

Remarks,

8 7 5 0 0 0 5 0 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* August 20th 4yr. 1895.
4. *Place of Birth, (Street and Number)* Hoffman 5-5-7 Balto. Md.
5. *Full Name of Mother,* Anna Freeman.
6. *Mother's Maiden Name,* Anna Blackson.
7. *Mother's Birthplace,* Eastern Shore Maryland.
8. *Full Name of Father,* John Blackson.
9. *Father's Occupation,* Coachman.
10. *Father's Birthplace,* Matlar Co.

Name of Medical Attendant, or other person who makes this Return, Mary J. Burns.

Address, Oxford Street 524.

Remarks, B. 5.05.

8 7 5 0 0 0 5 0 8 3

of its parents, the date and place of birth, and the
ner in the form of a certificate between the first and
missioner of Health. In case the birth of any child
titioner of midwifery, or should no other person be in
l become the duty of the person or parents of such
e manner and within the period above required, and
mply with the provisions of this section shall be sub-
overed as other fines and forfeitures are recoverable.

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675 11

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 August
4. *Place of Birth, (Street and Number)* 925 S Curtis St
5. *Full Name of Mother,* Anna Kral
6. *Mother's Maiden Name,* Anna Sedlak
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Frank Kral
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Austria Galicia

Name of Medical Attendant, or other Person who makes this Return. W Durham

Address, 293

Remarks,

8 9 5 0 0 0 5 0 8 4

In the case of a living child, the full name of each child (if any shall have been born alive) must be stated, and if no name shall have been ascertained

practitioner in the form of a certificate between the first and
been completed as aforesaid, duly signed by the practitioner, shall be delivered by the
said schedule shall be delivered, duly signed by the practitioner, in case the birth of any child
third day of each and every month to the office of the Commissioner of Health. In case no other person be in
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 7th, 1895
4. *Place of Birth, (Street and Number)* Baltimore Md 1249 Rainerside Ave
5. *Full Name of Mother,* Mrs. Clinton
6. *Mother's Maiden Name,* Mary Eccles
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James Clinton
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Ann Dawson

Address, No 71 Guilford Alley

Remarks, None

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month, and shall set forth the name and occupation of its parents, the date and place of birth, and the full name and occupation of the practitioner in attendance upon the mother, immediately thereafter it shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner or person who shall become the duty of the person or parents of such shall occur without the attendance of a physician or practitioner it shall become the duty of the midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 8th 1895
4. *Place of Birth, (Street and Number)* Maiden Choice Lane
5. *Full Name of Mother,* Mary A. Pinzes
6. *Mother's Maiden Name,* Mary Hall
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Pinzes
9. *Father's Occupation* Labourer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

0 7 5 0 0 0 5 0 8 6

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RETURN OF A BIRTH. 67514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 8 1895
4. *Place of Birth, (Street and Number)* East Lily Ct
5. *Full Name of Mother,* Bertha Davis ~~Bertha Johnson~~ Bertha Johnson
6. *Mother's Maiden Name,* Swedeu
7. *Mother's Birthplace,* Charles Davis
8. *Full Name of Father,* Laborer
9. *Father's Occupation* Baltimore Md
10. *Father's Birthplace,* Mrs Ann Taylor

Name of Medical Attendant, or other person who makes this Return,

Address, No 41 Guilford ave

Remarks, Alive

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been committed to the Sea, Court, the certificate shall be signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 10th 1895
4. *Place of Birth, (Street and Number)* Baltimore Md 620 Light St
5. *Full Name of Mother,* Mary Lee
6. *Mother's Maiden Name,* Mary Medermott
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Patrick Lee
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Miss Ann Taylor

Address, No 71 Guilford Ave

Remarks, None

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been committed. It shall be the duty of every physician or practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child
third day of each and every month to the office of the Commissioner of Health, or should no other person be in
shall occur without the attendance of a physician or practitioner of midwifery, or should the person or parents of such
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Five

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 12th 1895
4. *Place of Birth, (Street and Number)* No 14 west Pratt St Baltimore Md
5. *Full Name of Mother,* ~~Lizzie Donnieli~~ ~~Lizzie Poltrard~~
6. *Mother's Maiden Name,* Lizzie Poligard
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Dominico Correri
9. *Father's Occupation* Cook
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Mrs Peter Taylor

Address, No 27 Guilford Alley

Remarks, None

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practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
n or practioner of midwifery, or should no other person be in
after it shall become the duty of the person or parents of such
ealth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
e, to be recovered as other fines and forfeitures are recoverable.
been conferred. Its sex, color, the
said schedule shall be delivered, duly signed by the
third day of each and every month to the office of the
shall occur without the attendance of a physician or
attendance upon the mother, immediately thereafter it
child to report its birth to the Commissioner of Health,
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to be

RETURN OF A BIRTH 67517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 14th 1895
4. *Place of Birth, (Street and Number)*	737 Dolphin St
5. *Full Name of Mother,*	Martha Ann Lederer
6. *Mother's Maiden Name,*	" " Davis
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	William H. Lederer
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	D. Lancy H. Bayless
Address,	225 N. Monument St
Remarks,	

1895 0005090

month, and shall set forth as the case may be, the full name and occupation of its parents, the date and place of birth, the full name and occupation of the first and been conferred, its sex, color, the full name and occupation of the person between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 67 518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 16th 95
4. *Place of Birth, (Street and Number)*	14 N. Calhoun St.
5. *Full Name of Mother,*	Rosa C. Disney
6. *Mother's Maiden Name,*	" Dobson
7. *Mother's Birthplace,*	Portsmouth Va
8. *Full Name of Father,*	Irving P. Disney
9. *Father's Occupation,*	U.S. Patent Office Examiner
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Dr. Lancey H. Barclay
Address,	22 N. Monument St
Remarks,	

8950005091

month, and shall set forth as fully as the same is known to him the first and occupation of its parents, the date and place of birth of the child, and whether been conferred; its sex, color, the full name and occupation of the first and practitioner in the form of a certificate between the birth of any child said schedule shall be delivered, duly signed by the practitioner in case the third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 67519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d. &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 17 99
4. Place of Birth, (Street and Number) 624 N. Lee St.
5. Full Name of Mother, Friederika Ruth Lederer
6. Mother's Maiden Name, "
7. Mother's Birthplace, Germany
8. Full Name of Father, John Ritel
9. Father's Occupation Tinner
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. C. L. Buddenbohn

Address, 418 S. Paca St.

Remarks, 8950005092

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RETURN OF A BIRTH. 67520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 er.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug 19 - 95

4. *Place of Birth, (Street and Number)* 724 Columbia ave.

5. *Full Name of Mother,* Helen Ebeleins

6. *Mother's Maiden Name,* " Bäcklein

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Albert Ebeleins

9. *Father's Occupation* Tinner

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Dr. L. Buddenbohn

Address, 418 S. Paca St.

Remarks, 6950005093

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth the full name and occupation of its parents, the date of birth, the full name and occupation of the physician or practitioner in the form of a certificate between the first and been conferred) its sex, color, the full name and occupation of its parents, the date of birth, the full name and occupation of the physician or practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto. Aug. 23 1895

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Balto. Aug. 20. 1895
4. *Place of Birth, (Street and Number)* 1709 Eastern Ave.
5. *Full Name of Mother,* Lizzie Gerstenmyer
6. *Mother's Maiden Name,* Lizzie Repp
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Gerstenmyer
9. *Father's Occupation,* Confectionary
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Amend

Address, 410 S. Wolfe St

Remarks, Balto City

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GIVEN NAME ADDED 3-6-52

RETURN OF A BIRTH. 67552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Katherine Rose Barney

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 20th 1895
4. Place of Birth, (Street and Number) No. 29 Mayford st
5. Full Name of Mother, Emma Barney
6. Mother's Maiden Name, Emma Arnold
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Barney
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

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...of its parents, the date and place of birth, and the ...month, and shall set down in the full name and occupation of its ...been conferred) its sex, color, the full name and occupation of ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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GIVEN NAME ADDED 4-12-57

RETURN OF A BIRTH. 6725 23

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Regina Fields

No. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 6th 1895
4. *Place of Birth, (Street and Number)* 1807 Lorman St.
5. *Full Name of Mother,* Mary E Fields
6. *Mother's Maiden Name,* Mary E. Byrne
7. *Mother's Birthplace,* Balto Co. Md
8. *Full Name of Father,* Perry Gordon Fields
9. *Father's Occupation,* Clerk. (Crockery Business)
10. *Father's Birthplace,* Frmland Md

Name of Medical Attendant, or other person who makes this Return, Dr. M. J. Chappell.

Address, # 1351, Wilmot St,

Remarks,

1895 0005096

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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month, and shall state such name and all the names of the child, and the occupation of its parents, the date and place of birth, and the name of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 9th 1895
4. *Place of Birth, (Street and Number)* 238 E. Pat. Park Ave.
5. *Full Name of Mother,* Augusta Kiver
6. *Mother's Maiden Name,* Franz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Phillip Kiver
9. *Father's Occupation* Captain of tug boat.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, E. P. Irons M.D.

Address, 1835 E. Baltimore St.

Remarks,

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th (Living)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 15th of August.
4. *Place of Birth, (Street and Number)* 134 S. Schroeder St.
5. *Full Name of Mother,* Elisabetha Tuerke
6. *Mother's Maiden Name,* " Fessmann.
7. *Mother's Birthplace,* Baltimore M. D. (U. S. A.)
8. *Full Name of Father,* Otto Tuerke
9. *Father's Occupation,* Satchel & Bag maker.
10. *Father's Birthplace,* Lautersberg a/H. Germany

Name of Medical Attendant, or other person who makes this Return, Miss McCabe.

Address, 735. W. Pratt St.

Remarks,

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month, and shall state also as far as he can the name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter if such birth, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16th August 1895
4. *Place of Birth, (Street and Number)* 104 Carlton st
5. *Full Name of Mother,* Mary Norton
6. *Mother's Maiden Name,* Mary Walsh
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Timothy Norton
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Papa-Milton St

Remarks, 8 9 5 0 0 0 5 0 9 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 67527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Albert Nicolas Tiemann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 1895 17th August

4. Place of Birth, (Street and Number) 410 N. Fremont Av.

5. Full Name of Mother, Anna K. Tiemann

6. Mother's Maiden Name, Anna K. Boehm

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Frederic W. Tiemann

9. Father's Occupation Barber

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23d & Poppleton Sts

Remarks, 8950005100

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 67528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 17th
4. *Place of Birth, (Street and Number)* #218 S. Fremont Ave.
5. *Full Name of Mother,* Maggie Marie Murphy
6. *Mother's Maiden Name,* " " McCarthy
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Thomas Joseph Murphy
9. *Father's Occupation,* Clerk.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Seabach

Address, 735 W. Pratt St.

Remarks,

, 8950005101

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RETURN OF A BIRTH. 67529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 20th of August

4. Place of Birth, (Street and Number) No. 406 Kent Alley

5. Full Name of Mother, Louisa Elizabeth Brown

6. Mother's Maiden Name, Florence Wells

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Andrew James

9. Father's Occupation Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, No. 419 Lewis st

Remarks, Doing well

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 67530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 21 1895. 3 30 a m.
4. Place of Birth, (Street and Number) 224 N. Green St
5. Full Name of Mother, Lilian Carlisle
6. Mother's Maiden Name, Lilian McLaughlen
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Sidney Carlisle
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return. A H Carlton

Address, 1136 N Carrollton Av

Remarks,

8 9 5 0 0 0 5 1 0 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and
practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 67531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 21 1895
4. Place of Birth, (Street and Number) 1832 Division St.
5. Full Name of Mother, Mary Katharine Herrlich.
6. Mother's Maiden Name, Mary Katharine Heathcote
7. Mother's Birthplace, Glen Rock, Pa.
8. Full Name of Father, Chas. A. Herrlich
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. H. J. Chappell.

Address, #1351, Hillsdale, St

Remarks,

67506631 04

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 67502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 22 1905

4. Place of Birth, (Street and Number) 1914 Olivia St

5. Full Name of Mother, Mary Pringle

6. Mother's Maiden Name, Booth

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Pringle

9. Father's Occupation Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo Burns

Address, 1600 N Chester st

Remarks,

' 8 9 5 0 0 0 5 1 0 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter mentioned, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 675-33

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 2d 1895
4. *Place of Birth, (Street and Number)* 1924 Delejon St
5. *Full Name of Mother,* Mussia Hirnstain
6. *Mother's Maiden Name,* Mussia Hidisheyn
7. *Mother's Birthplace,* Galichainer
8. *Full Name of Father,* Simon Hirnstain
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Galichainer

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 27 S Loyd St.

Remarks,

1 8 9 5 0 0 0 5 1 0 6

occupation of its parents, the full name and occupation of the practitioner in the form of a certificate between the first and been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or person or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 3, 1895

4. *Place of Birth, (Street and Number)* 1332 East St

5. *Full Name of Mother,* Maggie Crosby

6. *Mother's Maiden Name,* Hurd

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Matthew Crosby

9. *Father's Occupation* Brass Finisher

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, J. Frank Crouch M.D.

Address, 1051 Aisquith St

Remarks,

0 9 5 0 0 0 5 1 0 7

been conferred) its sex, color, the full name and occupation of the parents of such child, the date and place of its birth, and such other information as may be required in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 3 1895
4. *Place of Birth, (Street and Number)* 108 Hanford Ave
5. *Full Name of Mother,* Helen A Forrest
6. *Mother's Maiden Name,* Wright
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Edward Forrest
9. *Father's Occupation* Baggageman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, J D Crouch M.D

Address, 1015 Argyle St

Remarks,

8 9 5 0 0 0 5 1 0 8

been conferred) its sex, color, the full name and occupation of the parents, and the place of birth, on a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 5, 1895
4. *Place of Birth, (Street and Number)* 1040 E. Lombard St.
5. *Full Name of Mother,* Rachel Backer
6. *Mother's Maiden Name,* Rachel Adler
7. *Mother's Birthplace,* Rossia
8. *Full Name of Father,* Louis Baker
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Rossia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 27 S Lloyd St

Remarks,

0795000051109

been conferred.) Its sex, color, the surname and the christian name or names selected by the parents for the child, and the full name, residence and occupation of each parent, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67537

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug 6th 9 20 A M 1895
4. *Place of Birth (Street and Number)* 239 S. Caroline St
5. *Full Name of Mother* Catharine Theber
6. *Mother's Maiden Name* C. Schuman
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Philip Theber
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M D

Address 1701 Baltimore So East

Remarks

8950005110

advise at the birth of any child, within the City of Baltimore, the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 67538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 7th, 1895.
4. *Place of Birth, (Street and Number)* 1040 E. Lombard St.
5. *Full Name of Mother,* Becca Shair
6. *Mother's Maiden Name,* Rebecca Backer
7. *Mother's Birthplace,* Rossia
8. *Full Name of Father,* Moris Share
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Rossia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 27 Lloyd St.

Remarks,

'8950005111

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and residence of its parents, the name of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

67539

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* August 8th 1890
4. *Place of Birth, (Street and Number)* 718 North Durham st
5. *Full Name of Mother,* Mary J Fates
6. *Mother's Maiden Name,* Mary J Thomas
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William Thomas
9. *Father's Occupation,* Cart driver
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Anna Forrest

Address, 192 E Chase st

Remarks,

8950005112

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...mother, the name and occupation of its parents, the date and place of birth, and the ...been conferred) its sex, color, the full name and occupation of its parents, the date and ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the mother, immediately thereafter, in the manner of a physician or practitioner of midwifery, or should no other person or parents of such ...attendance upon the mother, immediately thereafter, in the manner and within the period above required, and ...child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be recovered as other fines and forfeitures are recoverable. ...jected to the fine of ten (10) dollars for each offense, to be recovered as

RETURN OF A BIRTH. 67540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 6th 1895
4. *Place of Birth, (Street and Number)* 1824 Hope st Baltimore Md
5. *Full Name of Mother,* Mary Agnes Dempsey
6. *Mother's Maiden Name,* Mary Agnes Ward
7. *Mother's Birthplace,* Washington D. C.
8. *Full Name of Father,* John Lawrence Dempsey
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* New London Canada

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

0 9 5 0 0 0 5 1 1 3

been completed, as above, by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 67541

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex (state whether Male or Female) White - Male

2. Race or Color (if not of the white race) White

3. Date of Birth Aug. 9th 1895

4. Place of Birth (Street and Number) Third and Bank St - N. Town

5. Full Name of Mother Margaret A. Schulderberg

6. Mother's Maiden Name M A Mauch

7. Mother's Birthplace Balto

8. Full Name of Father George Schulderberg

9. Father's Occupation Butcher

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. James E Dwinelle MD

Address 1701 Balto St East

Remarks / 8950005114

advise at the birth of any child, within the City of Baltimore, sex, and color of the child or children
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 67542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 9, 1895
4. *Place of Birth, (Street and Number)* 152 E. Lenox St
5. *Full Name of Mother,* Maggie B. Kerns
6. *Mother's Maiden Name,* Reynolds
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Chas. J. Kerns
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Frank Oram M.D.

Address, 1051 Argyle Ave

Remarks,

8 9 5 0 0 8 5 1 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) His 2 Child (3rd)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 10th 1895
4. Place of Birth, (Street and Number) 1635 Harford Avenue
5. Full Name of Mother, Annie Helen Kuebuth
6. Mother's Maiden Name, Dirkins
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Ignatius Kuebuth
9. Father's Occupation, Paper Hanger
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Francis A. Sauer M.D.

Address, 1139 N. Central Ave.

Remarks, 8950005116

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

...of its parents, the date and place of birth, and the ...been conferred) its sex, color, the full name and occupation of its ...been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, or should no other person be in ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such ...shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 67544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 10th 1876.
4. Place of Birth, (Street and Number) 182 E Eager St
5. Full Name of Mother, Blanche E. Champion.
6. Mother's Maiden Name, Blanche E Smith.
7. Mother's Birthplace, Bel Air Harford Co.
8. Full Name of Father, Francis E. Champion.
9. Father's Occupation, Plumber Gas Fitter.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Anna E. Forrest.

Address, 192. E Chase St.

Remarks,

B 9 5 0 0 0 5 1 1 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...of its parents, the date and place of birth, and the ...(name, if any) its sex, color, the full name and occupation of its parents, and the ...been conferred) duly signed by the practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 19, 1895
4. *Place of Birth, (Street and Number)* 726 Second St
5. *Full Name of Mother,* Silly Wolf
6. *Mother's Maiden Name,* Silly Lubnicklea
7. *Mother's Birthplace,* Rossica
8. *Full Name of Father,* Hizman Wolf
9. *Father's Occupation* Tailer
10. *Father's Birthplace,* Rossia

Name of Medical Attendant, or other person who makes this Return, Rosa Finebera

Address, 27 Lloyd St.

Remarks,

8 7 5 0 0 0 5 1 1 8

been conferred) its sex, color, the time and place of birth, the name and residence of the parent or parents of such child, and the name and residence of the physician or practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	August 10 - 1895
4. *Place of Birth, (Street and Number)*	811 - Leaden hall st
5. *Full Name of Mother,*	Ellen Castine
6. *Mother's Maiden Name,*	Ellen Bailey
7. *Mother's Birthplace,*	Nancock Va
8. *Full Name of Father,*	Horse Castine
9. *Father's Occupation*	Steward on a boat
10. *Father's Birthplace,*	North-hampton Va
Name of Medical Attendant, or other person who makes this Return,	Charlotte Walker
Address,	910 Leaden hall st
Remarks,	$5 - Dollars

0 7 5 0 0 0 5 1 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 11, 1915
4. *Place of Birth, (Street and Number)* 1320 Hillman
5. *Full Name of Mother,* Florence V. Brandau
6. *Mother's Maiden Name,* Rusk
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* William A. Brandau
9. *Father's Occupation* Foreman
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, S. D. Crouch M.D.

Address, 1051 Argyle Ave

Remarks,

1 8 9 5 0 0 0 5 1 2 0

been conferred; its sex, color, the full name and occupation of its parents, the time and place of birth, and such other facts as may be required by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 67548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 12th inst
4. *Place of Birth (Street and Number),* 1441 E Monument
5. *Full Name of Mother,* Laura V Dean
6. *Mother's Maiden Name,* Laura V Kirby
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John C B Dean
9. *Father's Occupation,* Excavator
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary E Price

Address, 1630 Ashland ave

Remarks, healthy

8 4 5 0 0 0 5 1 2 1

Baltimore Publishing Co., City Printers and Stationers

the date and place of birth, and the full name and occupation of its parents, the date of
of a certificate between the first and third day of
In case the birth of any child shall occur without
should no other person be in attendance upon the
person or parents of such child to report its birth to
d above required, and any such person or persons
tion shall be subjected to the fine of ten (10) dollars
re recoverable.

ex, color, the full name and occupation of its parents, the
ferred by the practitioner in the form of a cer
shall be delivered, duly signed by the practitioner of midwifery, or should
each and every month to the office of the Commissioner of Health. In
the attendance of a physician or practitioner it shall become the duty of the person
mother, immediately thereafter it shall be the manner and within the period above
the Commissioner of Health, in the manner and within the provisions of this section
who shall hereafter fail to comply with the provisions of this section
for each offence, to be recovered as other fines and forfeitures are

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 3 of

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 20 of August 1895
4. Place of Birth, (Street and Number) No 715 E. Eager
5. Full Name of Mother, Annie Kyden
6. Mother's Maiden Name, Annie Lamott
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Kyden
9. Father's Occupation Driver
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Wm. Chas Lucas

Address. No 1059 Hanover Ave Bal. Md.

Remarks. 1895

'8950005122

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 12th 1895
4. *Place of Birth, (Street and Number)* 240 S. Carline St
5. *Full Name of Mother,* Malley Goldberg
6. *Mother's Maiden Name,* Malley Goldsmith
7. *Mother's Birthplace,* Rossia
8. *Full Name of Father,* Simon Goldberg
9. *Father's Occupation* Cotter
10. *Father's Birthplace,* Rossia

Name of Medical Attendant, or other person who makes this Return, Rosa Finegberg

Address, 27 Lloyd St.

Remarks,

, 8950005 | 23

been conferred) its sex, color, the full name and residence of the parents, the date of birth, and the place of birth (street and number) in the form of a certificate between the first and tenth days of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the physician or practitioner in attendance, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such child become the duty of the person above required, and within the period above required, and shall become the duty of the person above required, and within the period above required, and attendance upon the mother, immediately thereafter it shall be the duty of the Commissioner of Health, in the manner and with the provisions of this section shall be subject to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-1-54

RETURN OF A BIRTH. 67551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 13/94
4. *Place of Birth, (Street and Number)*	871 Raberg St
5. *Full Name of Mother,*	Mollie Goldberg
6. *Mother's Maiden Name,*	Gallant
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Henry Goldberg
9. *Father's Occupation*	Grocer
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	L Norwood Lee
Address,	939 W Fayette St
Remarks,	

0950005124

been conferred, its sex, color, the full name and occupation of the parents of such child, and the date and place of its birth, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug 14 1891

4. *Place of Birth, (Street and Number)* 1214 Greenmount Ave

5. *Full Name of Mother,* Mary Celine Mc. Carty

6. *Mother's Maiden Name,* Mc Caslin

7. *Mother's Birthplace,* Harford Co. Md.

8. *Full Name of Father,* Harry Bird Mc Carty

9. *Father's Occupation* Conductor

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, W M Pearce

Address, 1230 Greenmount Ave

Remarks, 8950005125

been conferred) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commis
shall occur without the attendance of a physician or practioner
attendance upon the mother, immediately thereafter it shall be
child to report its birth to the Commissioner of Health, in the ma
any such person or persons who shall hereafter fail to comply w
jected to the fine of ten (10) dollars for each offence, to be recover
sioner in the form of a certificate between the first and
missioner of Health. In case the birth of any child
tioner of midwifery, or should no other person be in
all become the duty of the person or parents of such
he manner and within the period above required, and
ply with the provisions of this section shall be sub-
recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 14th
4. *Place of Birth, (Street and Number)*	2049 E. Hoffman ste
5. *Full Name of Mother,*	Maria Trageser
6. *Mother's Maiden Name,*	Maria Stuhler
7. *Mother's Birthplace,*	Bavern Germeny
8. *Full Name of Father,*	Joseph Trageser
9. *Father's Occupation*	Saloon Keeper
10. *Father's Birthplace,*	Russia Germany
Name of Medical Attendant, or other person who makes this Return,	
Address,	Mary Elias
Remarks,	625 Hopkins Ave

6 7 5 0 0 0 5 1 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 15 1895
4. *Place of Birth, (Street and Number)* 1052 Fulton Ave
5. *Full Name of Mother,* Darcy V. Ford
6. *Mother's Maiden Name,* Ahl
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Geo. H. Ford
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, A. D. Crouch M.D.

Address, 1051 Fulton Ave

Remarks,

, 8 9 5 0 0 0 5 1 2 7

been conferred) its sex, color, the full name and occ... the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the p... office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of ... physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or ... thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, ... Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Heal... fail to comply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to ... jected to the fine of ten (10) dollars for each offence, to ... ence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 67555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 15 inst
4. *Place of Birth (Street and Number),* 807 N Caroline St
5. *Full Name of Mother,* Eliza Le A. Levey
6. *Mother's Maiden Name,* Eliza Le A Jarrell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas B Levey
9. *Father's Occupation,* Coach trimmer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary E Bire

Address, 1630 Ashland ave

Remarks, heathy

8 2 5 0 0 0 3 1 2 8

Baltimore Publishing Co., City Printers and Stationers

...form of a certificate between the first and third day of ... shall be delivered, duly signed by the practitioner in the form ... Health. In case the birth of any child shall occur without ... each and every month to the office of the Commissioner of Health, or ... the attendance of a physician or practitioner of midwifery, or ... mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67556

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry John Hoffman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) Female Male

3. Date of Birth, August 15 1895.

4. Place of Birth, (Street and Number) Crystal Ave 1711

5. Full Name of Mother, Johanna h Hoffmann

6. Mother's Maiden Name, Johannah Rudolf Rudott

7. Mother's Birthplace, Germany

8. Full Name of Father, Edward Hoffmann

9. Father's Occupation Machinist

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mary Elias 16 a

Address, 1625 Hoffmans Ave.

Remarks,

' 8 9 5 0 0 0 5 1 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

0750005130

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
tioner of Health. In case the birth of any child
Commissioner of Health, or should no other person be in
midwifery, or parents of such
the duty of the person or parents, and
become and within the period above required, and
manner and the provisions of this section shall be sub-
with the penalties and forfeitures are recoverable.
covered as other fines and forfeitures

RETURN OF A BIRTH. 67558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 16 of August 1895
4. *Place of Birth, (Street and Number)*	11 Behmis Lane Belair Road
5. *Full Name of Mother,*	Kate Knauer
6. *Mother's Maiden Name,*	Kate Schmidt
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Knauer
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Ch. Lauer
Address,	No 1059 Harford Ave
Remarks,	Bal. Md. 1895

8750051311

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	16 August
4. *Place of Birth, (Street and Number)*	1025 E. Madison-Street
5. *Full Name of Mother,*	Wilhelmine Lacher
6. *Mother's Maiden Name,*	Wilhelmine Fritzenwanker
7. *Mother's Birthplace,*	Espreussen, Germany
8. *Full Name of Father,*	Franz Lacher
9. *Father's Occupation*	Tailorworker
10. *Father's Birthplace,*	Espreussen Germany
Name of Medical Attendant, or other person who makes this Return,	
Address,	Mary Eliza
Remarks,	625 Hopkins Place

8750005132

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 17th 1895
4. Place of Birth, (Street and Number) 1911. Canton Ave
5. Full Name of Mother, Mary S Sitzer
6. Mother's Maiden Name, Mary Reinheimer
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Henry S Sitzer
9. Father's Occupation, Labory
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1712 Eastern Ave Balto Md

Remarks, 1895000513 3

Said Return shall be sent monthly by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 17 95
4. Place of Birth, (Street and Number) 1109 Pink St
5. Full Name of Mother, Sarah Bruce Parker
6. Mother's Maiden Name, Greenlee
7. Mother's Birthplace, Va
8. Full Name of Father, Jacob Bruce
9. Father's Occupation, Laborer
10. Father's Birthplace, St Mary's Co

Name of Medical Attendant, or other person who makes this Return, Monica Lane

Address, 644 Fawn St

Remarks, 895 0005134

said schedule shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of each and every person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Wite
3. *Date of Birth,* aug 18 th
4. *Place of Birth, (Street and Number)* 831 cross St
5. *Full Name of Mother,* mary V Lemone
6. *Mother's Maiden Name,* adams
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Lemone
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs A. M. Bishop

Address, N 829 Cleveland Ave

Remarks,

8 7 5 0 0 0 5 1 3 5

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health. In case the birth of any child
third day of each and every month to the office of the Co
shall occur without the attendance of a physician or practi
attendance upon the mother, immediately thereafter it sha
child to report its birth to the Commissioner of Health, in th
any such person or persons who shall hereafter fail to comp
jected to the fine of ten (10) dollars for each offence, to be re
practitioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
h, in the manner and within the period above required, and
o comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 18th 1895
4. Place of Birth, (Street and Number) 305 S. Dallas Street
5. Full Name of Mother, Annie Curry
6. Mother's Maiden Name, Annie Gilterrast
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Lidge Curry
9. Father's Occupation, Labory
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8950005136

Wm J C. Dulany Co., City Printers and Stationers.

said scheme shall be sent etc. Any Sig[illegible] of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such child become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall be subject to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered duly signed by the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 18th August 1895

4. *Place of Birth, (Street and Number)* Louisiana Ave N. 526

5. *Full Name of Mother,* Maria Christine Werner

6. *Mother's Maiden Name,* " Preisinger

7. *Mother's Birthplace,* Catonsville Md

8. *Full Name of Father,* Charles Werner

9. *Father's Occupation* Saloon Keeper

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr H Hartman M D

Address, 254 Park Ave Baltimore Md

Remarks,

8750005137

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 67565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Brown Skin
3. *Date of Birth,* August 15 - 95 -
4. *Place of Birth, (Street and Number)* 1058 Vine St -
5. *Full Name of Mother,* Jennie Williams
6. *Mother's Maiden Name,* " Plummer
7. *Mother's Birthplace,* Howard Co.
8. *Full Name of Father,* Charles Williams
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return,

Address, Louisa Spann

Remarks, 614 Jasper St -

8 9 5 0 0 0 5 1 3 8

said schedule shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 19. 1895
4. *Place of Birth, (Street and Number)* 305 Wth Greene St.
5. *Full Name of Mother,* Susan Walton Kemp.
6. *Mother's Maiden Name,* Susan Walton Metcalfe.
7. *Mother's Birthplace,* Hempstead Texas.
8. *Full Name of Father,* William Frederick Armelong Kemp.
9. *Father's Occupation* Physician
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, W. F. A. Kemp. per Hom.

Address, 305 Wth Greene St.

Remarks, 8 9 5 0 0 9 5 1 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

...the form of a certificate between the first and ...shall be delivered, duly signed by the practitioner in the ...said schedule shall be delivered to the office of the Commissioner ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mother of 2 child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19th Aug.
4. *Place of Birth, (Street and Number)* 220 Harrision st.
5. *Full Name of Mother,* Annie Boyes.
6. *Mother's Maiden Name,* Annie Hobar
7. *Mother's Birthplace,* Eraslove Austria
8. *Full Name of Father,* Hymn Hobar
9. *Father's Occupation* ~~Pants~~ maker coat
10. *Father's Birthplace,* Eraslove Austria.

Name of Medical Attendant, or other person who makes this Return, Mrs Eva Hohn Mid wife.

Address, 233 Harrision st

Remarks, Mother and child are well.

' 6 7 5 6 7 . 0 5 1 4 0

said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, with the seal of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 T

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 August
4. *Place of Birth, (Street and Number)* St Peter at 8140
5. *Full Name of Mother,* Sarah A Robinson
6. *Mother's Maiden Name,* — — Mahoney
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* William A Robinson
9. *Father's Occupation* Engner
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs A M Bishop

Address, 829 Columbia Ave

Remarks,

8 9 5 0 0 0 5 1 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 67569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 19th inst Aug - 1895
4. *Place of Birth (Street and Number),* 2002 E Chase St
5. *Full Name of Mother,* Ella J Morris
6. *Mother's Maiden Name,* Ella J Chaney
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick W Morris
9. *Father's Occupation,* Steel Iron Worker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary E Pierce

Address, 1630 ashland ave

Remarks, healthy

0 0 5 0 0 0 5 1 4 2

This schedule shall contain the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 67570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, Aug. 19 / 05
4. Place of Birth, (Street and Number) 2333 E. Broadway
5. Full Name of Mother, Amelia E. Priddy
6. Mother's Maiden Name, " " Reisinger
7. Mother's Birthplace, Washington DC
8. Full Name of Father, Phillip C. Priddy
9. Father's Occupation Merchant
10. Father's Birthplace, B. G

Name of Medical Attendant, or other person who makes this Return, Geo L Wilkins

Address, 6 North Broadway

Remarks,

B 9 5 0 0 0 5 1 4 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 67571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Aug. 19th 1895.
4. *Place of Birth, (Street and Number)* #516 S. Patterson Pk. Ave Baltimore.
5. *Full Name of Mother,* Rosa Quince
6. *Mother's Maiden Name,* Rosa Funk.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John Quince.
9. *Father's Occupation,* Moulder.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor.

Address, #611 S. Patterson Pk. Ave.

Remarks, 8750005144

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the physician or midwife in attendance, or by the parent, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Wallace C Cuno

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug. 26th 1895
4. Place of Birth, (Street and Number)	#814 Potomac St. Baltimore
5. Full Name of Mother,	Ruth Cuno
6. Mother's Maiden Name,	Ruth Kraby.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Fred. Cuno.
9. Father's Occupation,	Labour.
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs. Mary M Taylor.
Address,	#611 S. Patterson Pk. Av. S.
Remarks,	

6 9 5 0 0 0 5 1 4 5

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 20th 1905
4. *Place of Birth, (Street and Number)* No 115 Dulaney Pl
5. *Full Name of Mother,* Margaret Dennis McCormick
6. *Mother's Maiden Name,* Cleveland
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* John L. Dennis
9. *Father's Occupation* Employed at B & O.
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Mrs L. Ivey

Address, 1107 E. Monument St.

Remarks, 3750005146

Wm. J. C. Dulany Co., City Printers and Stationers.

Every Physician or Midwife in the form of a certificate between the first and fifth days of each month, duly signed by the practitioner in attendance, or by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in said schedule shall be delivered, duly signed to the office of the Commissioner of Health, or to the physician or practitioner of midwifery, or should no other person or parents of such. third day of each and every month to the office of the person or practioner required, and attendance of a physician or practitioner of midwifery as aforesaid, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur upon the mother, immediately thereafter, in the manner and within the period above required, and

practitioner in the form of a certificate between the first and
f the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or prac
er it shall become the duty of the person or parents of such
lth, in the manner and within the period above required, and
attendance upon the mother, immediately thereafter it sh
child to report its birth to the Commissioner of Health, in
to comply with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offence, to be r
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second 2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 20th 1895
4. *Place of Birth, (Street and Number)*	524 Wilson St
5. *Full Name of Mother,*	Josie Maria Nolan
6. *Mother's Maiden Name,*	Josie Maria Cavanaugh
7. *Mother's Birthplace,*	Suffolk Jefferson Co Va
8. *Full Name of Father,*	Martin A Nolan
9. *Father's Occupation*	Telegrapher
10. *Father's Birthplace,*	Balto City Md
Name of Medical Attendant, or other person who makes this Return,	Susan Forster
Address,	23 N Pine St
Remarks,	0750005147

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ple 3d.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec 20 th of August 1895

4. *Place of Birth, (Street and Number)* 2c 1608 Cusquith St

5. *Full Name of Mother,* Elizabet. M. Taylor

6. *Mother's Maiden Name,* Elisabet M. Pettoff

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* Charles E. Taylor

9. *Father's Occupation* Painter

10. *Father's Birthplace,* Washington D. C.

Name of Medical Attendant, or other person who makes this Return Mrs. Ch. Lauer

Address, Inc 1059 Harford Ave Bal. Md

Remarks, 1895

8750005140

said schedule shall be delivered, duly signed by the practitioner in attendance, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of each and every mouth to the office of the Commissioner of Health, and third day of each and every month of the person or parents of such shall become the duty of the person or parents required, and shall occur without the attendance of a physician or practioner of midwifery, immediately thereafter it shall become the duty of the person above required, and attendance upon the mother, immediately thereafter it shall be submanner and within the period above required, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the provisions of this section shall be jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 22 1905
4. *Place of Birth, (Street and Number)* 922 Fulton St
5. *Full Name of Mother,* Mary A Landergan
6. *Mother's Maiden Name,* Redmond
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James Landergan
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. J Bonner M D

Address, 1151 Arlington Ave

Remarks, 8950005149

been conferred its seal, color, the date of issue by the practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child
third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 mo

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 2 / August 95
4. *Place of Birth, (Street and Number)* 343 Spring Lane Rear
5. *Full Name of Mother,* Rebecca Bathurn Sherman
6. *Mother's Maiden Name,* Germany
7. *Mother's Birthplace,* Jacob Sherman
8. *Full Name of Father,* Salesman
9. *Father's Occupation,* Baltimore
10. *Father's Birthplace,* Dr. David Lane

Name of Medical Attendant, or other person who makes this Return.

Address, 1000 Cooper St. Balto

Remarks,

1895 0005150

said schedule shall be delivered, duly signed by the parent, guardian or other person having charge of the child, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 August 1895
4. Place of Birth, (Street and Number) 800 East Lombard St.
5. Full Name of Mother, Jannie Shoffer
6. Mother's Maiden Name, Jannie Netinger
7. Mother's Birthplace, Rossia
8. Full Name of Father, Harris Shoffer
9. Father's Occupation Tailor
10. Father's Birthplace, Rossia

Name of Medical Attendant, or other person who makes this Return, Rosa Finberg

Address, 27 Lloyd St.

Remarks,

8950005151

Wm. C. Dulany Co., City Printers and Stationers.

...practitioner in the form of a certificate to be given to the parent or parents of any child ... case the birth of any child ... said schedule shall be delivered, duly signed by the practitioner in attendance, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Aug 22nd 1895
4. *Place of Birth, (Street and Number)*	# 2006. Wilhelm St
5. *Full Name of Mother,*	Mrs. Henrietta, Heiland,
6. *Mother's Maiden Name,*	Miss. " Gering.
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Chas. Heiland
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Balto, City
Name of Medical Attendant, or other person who makes this Return.	Mrs. Miller
Address,	# 2008 Mc. Henry St
Remarks,	

0 7 5 0 0 0 5 1 5 2

said schedule shall be delivered, duly signed by the physician or midwife in attendance upon the mother, immediately thereafter to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-2-57 67580

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Blanche Naomi Jacobs Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 22nd 1935
4. Place of Birth, (Street and Number) 605 Patapsco St.
5. Full Name of Mother, Annie Jacobs
6. Mother's Maiden Name, " Wilder
7. Mother's Birthplace, Portsmouth Va
8. Full Name of Father, John Jacobs
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Maggie A. Wilkinson

Address,

Remarks,

8750053153

said schedule shall be delivered, duly signed by the practitioner or person in attendance upon the mother, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 22 d August
4. *Place of Birth, (Street and Number)* 543 Burgundy Alley
5. *Full Name of Mother,* Bessie Power
6. *Mother's Maiden Name,* Bessie Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Power
9. *Father's Occupation* Waiting
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Jones

Address, 543 Burgundy Alley

Remarks, X , 0750005154

Wm. J. C. Dulany Co., City Printers and Stationers

Such schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter prescribed, to the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter prescribed, to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered within the first month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office or practicer of midwifery, or should no other person be in third day of each and every month to the office or practicer of midwifery, or should no other person be in shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in shall occur without the attendance of a physician or practicer of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 23 th 1895
4. *Place of Birth, (Street and Number)* 175 J Mullikin Street
5. *Full Name of Mother,* Madiline Bell Britton
6. *Mother's Maiden Name,* Balto Md
7. *Mother's Birthplace,* Thomas Bell
8. *Full Name of Father,* Laborer Balto Md
9. *Father's Occupation* Balto Md
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Francis Anderson

Address, 1014 McCulloh st.

Remarks,

8 9 5 0 0 0 5 1 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, august 23 1895
4. Place of Birth, (Street and Number) 13. E. Ostend. St
5. Full Name of Mother, anna. V. greenhow
6. Mother's Maiden Name, anna. V. Carter
7. Mother's Birthplace, Lexington. Va
8. Full Name of Father, Thomas. R. greenhow
9. Father's Occupation, Chemic
10. Father's Birthplace, Petersburg. Va

Name of Medical Attendant, or other person who makes this Return, Ellemora. A. anderson

Address, 1434. Patapsco. St

Remarks, 1895000056156

Wm J C. Dulany Co., City Printers and Stationers.

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Commissioner of Health.

third day of each and every month to the office of the

RETURN OF A BIRTH. 67584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 23d
4. *Place of Birth, (Street and Number)* 1813 N Dallas St Baltimore
5. *Full Name of Mother,* Mary Kremer
6. *Mother's Maiden Name,* Riggins
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Andrew M. Kremer
9. *Father's Occupation* Forker Joner Hollow ware Co
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

6950005157

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 28 of August 1895
4. *Place of Birth, (Street and Number)* No 1693 Federal St
5. *Full Name of Mother,* Kate Schaffer
6. *Mother's Maiden Name,* Kate Klein
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Adam Schaffer
9. *Father's Occupation* Clothing Cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. Edw. Lamb

Address, No 1054 Hanford Ave

Remarks, Bal. Md.

6 & 95

1895 0005158

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, 28th of August.
4. Place of Birth, (Street and Number) 514 N Spring Street
5. Full Name of Mother, Mrs. Lucy Walker
6. Mother's Maiden Name, Miss Lucy Barnes
7. Mother's Birthplace, St Marys County Md.
8. Full Name of Father, Mr James Thomas Walker.
9. Father's Occupation Labourer.
10. Father's Birthplace, Annarundel County Md.

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson.

Address, 419 Lewis Street.

Remarks, Doing well.

8950005159

Wm. C. Dulany Co., City Printers and Stationers.

...delivered, duly signed by the practitioner in the form of the certificate hereinafter prescribed, to the Registrar of any child said schedule shall be delivered to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, and child to report its birth to the Commissioner of Health, in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

67587

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: John H. Seippel Jr

No. of Child of Mother, state whether 1st, 2d, 3d, &c. 4th Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 24th 1916 A M
4. *Place of Birth (Street and Number)* 15 Jackson Square
5. *Full Name of Mother* Mary Elvira Lafayette Seippel
6. *Mother's Maiden Name* M. P. E. Worthington
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* John H. Lafayette Seippel
9. *Father's Occupation* Pilot
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M D

Address 1701 Balto. St East

Remarks

B 9 5 0 0 0 5 1 6 0

advise at the birth of any child, whether still born or not, the full name, nativity, and residence within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 67588

GIVEN NAME ADDED 8-22-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lewis Morgenthau Ottenheimer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 24 th 95.
4. Place of Birth, (Street and Number) 719 N. Lanvale St.
5. Full Name of Mother, Rebecca Attenheimer
6. Mother's Maiden Name, Rebecca Morgenthau
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Joseph Attenheimer
9. Father's Occupation Clothing Salesman
10. Father's Birthplace, Richmond Va.

Name of Medical Attendant, or other person who makes this Return. Henry C. Thee. M.D.

Address, 1203 W. Fayette St

Remarks, 8950005161

Wm. J. C. Dulany Co., City Printers and Stationers.

...tion of its parents, the name and ...; the full name and occupation of ...titioner in the form of a certificate between the first and ... Commissioner of Health. In case the birth of any child ...ractioner of midwifery, or should no other person be in ... shall become the duty of the person or parents of such ...n the manner and within the period above required, and ...omply with the provisions of this section shall be sub... recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 24th 1895
4. *Place of Birth, (Street and Number)* 1833 Carlton Terrace.
5. *Full Name of Mother,* Marian Robertson
6. *Mother's Maiden Name,* Marie Williams
7. *Mother's Birthplace,* London Co Va
8. *Full Name of Father,* Philip Robertson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* London Co Va

Name of Medical Attendant, or other person who makes this Return, Grasap Massey M.D.

Address, 1809 Lanvale St.

Remarks, Healthy Child

0 73 0 0 0 5 1 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 25. 1895

4. Place of Birth, (Street and Number) 1710 Crystal Ave.

5. Full Name of Mother, Elizabeth G. Burkett

6. Mother's Maiden Name, Elizabeth B. Wiseman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas W. Burkett

9. Father's Occupation Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W. C. Sandrock

Address, 1242 N. Broadway

Remarks, Premature birth — 7 mos. gestation.

0950005163

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-6-66

RETURN OF A BIRTH. 67591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Catherine Margaret Gebelein — Second

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) — Female
2. Race or Color, (if not of the white race) — White
3. Date of Birth, — August 25/1893
4. Place of Birth, (Street and Number) — 731 North Castle St.
5. Full Name of Mother, — Annie M Gebelein
6. Mother's Maiden Name, — Annie M. Schuermann
7. Mother's Birthplace, — Balto. Md.
8. Full Name of Father, — John A. Gebelein
9. Father's Occupation, — Fork Bucker
10. Father's Birthplace, — Balto. Md.

Name of Medical Attendant, or other person who makes this Return. — S. Buckler M.D.

Address, — 201 N. Broadway

Remarks, — Born C. St. A. Md.

said schedule shall be delivered, duly signed by the practitioner in attendance, or by the person making the return, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (~~state whether~~ male or ~~female~~)* white
2. *Race or Color, (if not of the white race)* aug 25 95
3. *Date of Birth,* 1702 N. Carey St.
4. *Place of Birth, (Street and Number)* Cora M Groo
5. *Full Name of Mother,* Cora M Lippy
6. *Mother's Maiden Name,* Hanover Pa
7. *Mother's Birthplace,* Lewis A Groo
8. *Full Name of Father,* Conductor
9. *Father's Occupation* St. Diego California
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Edwd C. Bibbins MD

Address, 2422 Penna Ave

Remarks, 8950005165

been conferred its sex, color, the surnames which it is to bear, and the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH, 67593

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Monday 7 o'clock PM Aug 26th 1895
4. *Place of Birth, (Street and Number)* 623 Saturnt St
5. *Full Name of Mother* Katie C Burns
6. *Mother's Maiden Name* Katie C Anderson
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John W Burns
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. J C Richards MD

Address 1010 Chesapeake St

Remarks Easy and quick normal labor

675 0005163

...of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 67594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Aug. 27/95
4. *Place of Birth, (Street and Number)*	225 Brunt St.
5. *Full Name of Mother,*	Mrs Mary Jones
6. *Mother's Maiden Name,*	Mary Moore
7. *Mother's Birthplace,*	Calvert Co. Md.
8. *Full Name of Father,*	Richard Jones
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Calvert Co. Md.
Name of Medical Attendant, or other person who makes this Return,	E. A. Smith M.D.
Address,	2515 Penna. Ave.
Remarks,	

0 9 5 0 0 0 5 1 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 4' 95
4. *Place of Birth, (Street and Number)*	106 Edmonson ave
5. *Full Name of Mother,*	Mrs. Lizzette L. Gaul
6. *Mother's Maiden Name,*	" " Brock
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Fritz E. Gaul
9. *Father's Occupation*	Prof. of Music
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	T C Worthington
Address,	840 W. Fayette
Remarks,	

1895 0095168

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 10 '95
4. *Place of Birth, (Street and Number)*	2109 Hollins St
5. *Full Name of Mother,*	Mrs Lizzie Hyle
6. *Mother's Maiden Name,*	" McCluskey
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	John W Hyle
9. *Father's Occupation*	Grocer
10. *Father's Birthplace,*	Balto. Co. Md
Name of Medical Attendant, or other person who makes this Return,	Thos Chew Worthington
Address,	840 W. Fayette St
Remarks,	

0950005169

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, or person other than a physician or practitioner in the form of a certificate between the first and tenth days of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in third day of each and every month to the office of the Commissioner of Health, or practitioner of midwifery, or should no other parents of such shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parent and within the period above required, and attendance upon the mother, immediately after the birth of the child, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62579.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* aug 22 '95
4. *Place of Birth, (Street and Number)* 2319 Druid Hill ave
5. *Full Name of Mother,* Mrs Annie M Laws
6. *Mother's Maiden Name,* " " Bowers
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wilson V Laws
9. *Father's Occupation* Bookkeeper
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, T C Worthington

Address, 840 W Fayette

Remarks,

1895000 5170

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Lloyd James Hammond

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 13
4. *Place of Birth, (Street and Number)* 325 Bloomingdale Ave
5. *Full Name of Mother,* Eleanor May Hammond
6. *Mother's Maiden Name,* Clara Alb Corbett
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Robert Everett Hammond
9. *Father's Occupation* Motorman
10. *Father's Birthplace,* Baltimore Co

Name of Medical Attendant, or other person who makes this Return, [illegible] Perry

Address, 2847 Fairdale Rd

Remarks,

8 7 5 0 0 5 1 7 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, the name of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 16
4. *Place of Birth, (Street and Number)* 2874 Lanvale st
5. *Full Name of Mother,* Mary E Boyed
6. *Mother's Maiden Name,* Mary E Walkie
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel L Boyed
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J Lawson

Address, 2847 Lanvale st

Remarks,

8 9 5 0 0 0 5 1 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Every practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colrd
3. *Date of Birth,* august the 18
4. *Place of Birth, (Street and Number)* rard st 113
5. *Full Name of Mother,* Hetty tigren
6. *Mother's Maiden Name,* Hetty utity
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Charly utity
9. *Father's Occupation* labour
10. *Father's Birthplace,* Baltimre

Name of Medical Attendant, or other person who makes this Return, rannat Jane thomirn

Address, 124 west Flury st

Remarks, full 9 months

8 9 5 0 0 0 5 1 7 3

said schedule shall be delivered, duly signed by the ... of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the ... or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or pr... after it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it ... alth, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, i... il to comply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to co... e, to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be

Wm. J. C. Dulany Co,. City Printers and Stationers.

missioner of Health. In case the birth of any child
of midwifery, or should no other person be in
come the duty of the person or parents of such
nner and within the period above required, and
ith the provisions of this section shall be sub-
ed as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 21 August twenty first 1895

4. *Place of Birth, (Street and Number)* 1619 Hollins Street Baltimore City

5. *Full Name of Mother,* Julia M Smith

6. *Mother's Maiden Name,* Julia M Lavagn

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Jesse C. Smith

9. *Father's Occupation* Electrician

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Poppleton St

Remarks, 0750005174

said schedule shall be delivered, duly signed, at the
third day of each and every month to the office of the Commissioner
shall occur without the attendance of a physician or practicuer of mid
attendance upon the mother, immediately thereafter it shall become t
child to report its birth to the Commissioner of Health, in the manner a
any such person or persons who shall hereafter fail to comply with the
jected to the fine of ten (10) dollars for each offence, to be recovered as o

Wm. J. C. Dulany Co., City Printers and Stationers.

practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
r practioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
h, in the manner and within the period above required, and
o comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Aug. 24th 1895
4. *Place of Birth, (Street and Number)* 1612 Guilford st
5. *Full Name of Mother,* Annie E. Roe
6. *Mother's Maiden Name,* " " Edwards
7. *Mother's Birthplace,* Caroline Co. Md.
8. *Full Name of Father,* Samuel H. Roe
9. *Father's Occupation* Marble Dealer
10. *Father's Birthplace,* Balto. Co

Name of Medical Attendant, or other person who makes this Return. Wm H Smith

Address, 23 N Pappleton St

Remarks, 0 9 5 0 0 0 5 1 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)	
1. *Sex, (~~state whether male or~~ female)*	
2. *Race or Color, (~~if not~~ of the white race)*	
3. *Date of Birth,*	Aug 24th, 1895
4. *Place of Birth, (Street and Number)*	1616 Division St.
5. *Full Name of Mother,*	Jane Lynn Miller
6. *Mother's Maiden Name,*	Matthews
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Geo. A. Miller
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Elias C Price M.D.
Address,	1012 Madison Ave
Remarks,	

1 0 7 5 0 0 0 5 1 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. *of Child of Mother, (state whether* 1*st*, 2*d*, 3*d*, &c.) 11 th child

1. *Sex, (state whether ~~male~~ or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 25 th 1895
4. *Place of Birth, (Street and Number)* 16 Belt street
5. *Full Name of Mother,* Georgianna Hicks
6. *Mother's Maiden Name,* Georgianna Forman
7. *Mother's Birthplace,* North Hampton Va
8. *Full Name of Father,* James Hicks
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Baltimor Md

Name of Medical Attendant, or other person who makes this Return, Dr G W Kennard

Address, 708 Ensor street

Remarks, Full developed Weight 9 3/4 lbs

8950005177

The Second Section of the Ordinance requires that a return of every birth shall be made to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th.

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 26 th 1895
4. *Place of Birth, (Street and Number)* 119 Burst st.
5. *Full Name of Mother,* Lizzie Hormann Staeny
6. *Mother's Maiden Name,* Germann
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Gerhart Hormann
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Schwartz

Address, 434 E. Fort ave

Remarks,

6 7 5 0 0 0 5 1 7 8

been complied with in the form of a certificate hereon, duly signed by the practitioner in the form of a certificate hereon, duly signed by the practitioner in said schedule shall be delivered, duly signed by the practitioner in the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex, (~~state whether male or~~ female)*
2. *Race or Color, (~~if not~~ of the white race)*
3. *Date of Birth,* Aug. 27th 1895
4. *Place of Birth, (Street and Number)* 2515 Druid Hill Ave
5. *Full Name of Mother,* Emma Blanche Lane
6. *Mother's Maiden Name,* Carroll
7. *Mother's Birthplace,* Co. Md
8. *Full Name of Father,* Wm Laurence Lane
9. *Father's Occupation* Street car conductor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elliot C. Price

Address,

Remarks,

0 7 5 0 0 0 5 1 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the
been conferred) its sex, color, the full name and occupation of its
of its parents, the date and place of birth; and the
ner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th.

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 28 th 1895
4. *Place of Birth, (Street and Number)* 170 Lizzie birth Lane.
5. *Full Name of Mother,* Ella Wheeler Foden
6. *Mother's Maiden Name,* Eato
7. *Mother's Birthplace,*
8. *Full Name of Father,* Jim Wheeler
9. *Father's Occupation* Workingman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Carolina Schwartz

Address, 434 E First ave

Remarks,

8 9 5 0 0 0 5 1 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to couply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st & 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 29 of August
4. *Place of Birth, (Street and Number)* 1325 Bayard st
5. *Full Name of Mother,* Mary B. Herbert
6. *Mother's Maiden Name,* Mary B. Gies
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Gorge F. Herbert
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Levena Mills

Address, ~~1316~~ 1360 Cleveland st

Remarks,

8950005181

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 5 th child

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* August 16th 1895
4. *Place of Birth,* (*Street and Number*) 219 Montgomery St
5. *Full Name of Mother,* Innis Bell
6. *Mother's Maiden Name,* Innis Nichols
7. *Mother's Birthplace,* Cambridge Md
8. *Full Name of Father,* Nathan Bell
9. *Father's Occupation,* Seaman
10. *Father's Birthplace,* North Carolina

Name of Medical Attendant, or other person who makes this Return. Emily Hughes

Address, 632 Eden Alley

Remarks, No Remarks

8 7 5 0 0 0 5 1 3 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 1
4. *Place of Birth, (Street and Number)* 2736 Penna Avenue
5. *Full Name of Mother,* May Kreiner
6. *Mother's Maiden Name,* May Brown
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Kreiner
9. *Father's Occupation* Kitchen Thurster
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs C. Paulstich

Address, 2859 N. Fulton Ave

Remarks, 8950005183

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 14 th 1895.
4. *Place of Birth, (Street and Number)* 922 Robinson St. City.
5. *Full Name of Mother,* Lizzie V. Switzer
6. *Mother's Maiden Name,* Lizzie V. Fisher
7. *Mother's Birthplace,* Baltimore County Md.
8. *Full Name of Father,* Charles Switzer
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Philadelphia Penn

Name of Medical Attendant, or other person who makes this Return. Mrs Burkard

Address, Bouldin St Canton 1006

Remarks,

8750005184

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 15-th
4. *Place of Birth, (Street and Number)* 1703 Baker St.
5. *Full Name of Mother,* Virginia Segwell
6. *Mother's Maiden Name,* Virginia Thomas
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John B. Seawell
9. *Father's Occupation* Conductor
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return Mrs C. Faulstich

Address, 2859 N. Fulton Ave

Remarks,

1 8 9 5 0 0 0 5 1 8 5

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 67613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 21. 95
4. *Place of Birth, (Street and Number)* 314 S. Washington St
5. *Full Name of Mother,* Beulah Williams
6. *Mother's Maiden Name,* Beulah Williams
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Chas W. Williams
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Dr. Adolph C. Eisenberg A.B. M.D.

Address, N. E. Cor. Bank & Wolfe Sts

Remarks,

0750005106

Wm. J. C. Dulany Co., City Printers and Stationers.

Record of births which have occurred under its or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 23th
4. *Place of Birth, (Street and Number)* 1575 Clifton St
5. *Full Name of Mother,* Annie Hoffnagle
6. *Mother's Maiden Name,* Annie Weiss
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Andrew Hoffnagle
9. *Father's Occupation* Hatter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs C. Faulstich

Address, 2859 N. Fulton Ave

Remarks,

0 9 5 0 0 0 5 1 0 7

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 67615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Aug. 23rd, 1895

4. *Place of Birth, (Street and Number)* 421 E. Dallas St.

5. *Full Name of Mother,* Louisa E. Jones

6. *Mother's Maiden Name,* Laura Jones

7. *Mother's Birthplace,* Eastern Shore, Md.

8. *Full Name of Father,* Joshua Jones

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 419 Louisa St.

Remarks, Going well as can be expected

I. D. 8750005188

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full ... of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 August
4. *Place of Birth, (Street and Number)* 1311 Boyd St
5. *Full Name of Mother,* Brigt Schechels
6. *Mother's Maiden Name,* " " Fury
7. *Mother's Birthplace,* Waterford Ireland
8. *Full Name of Father,* Jorge Schechels
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Cornelious Allen

Address, 1403 Nicholson St Locust Point

Remarks,

0750005189

Wm J. C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, if any shall have
been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 67617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) W
3. *Date of Birth*, Aug 26 1895
4. *Place of Birth*, (*Street and Number*) 1805 - Mutt St.
5. *Full Name of Mother*, Mary Rodgers
6. *Mother's Maiden Name*, Mary Crour
7. *Mother's Birthplace*, Maryland
8. *Full Name of Father*, Thos. Rodgers
9. *Father's Occupation*, Laborer
10. *Father's Birthplace*, Maryland

Name of Medical Attendant, or other person who makes this Return. C Thomas Smith MD

Address, 1701 Druid Hill Ave

Remarks,

8950005190

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 29th 95
4. *Place of Birth, (Street and Number)* 642 Dover St.
5. *Full Name of Mother,* Henrietta Herzog
6. *Mother's Maiden Name,* Henrietta Friedlein
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Albert Herzog
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Henry C. Rice. M.D.

Address, 1903 W. Fayette St.

Remarks,

67-0005191

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-26-52

RETURN OF A BIRTH. 67619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Nellie Viola Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1st August 1895
4. *Place of Birth, (Street and Number)* 542 E Fort ave
5. *Full Name of Mother,* Kate Smith
6. *Mother's Maiden Name,* Sheans
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Smith
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Yarnell

Address, 436 E Fort ave

Remarks,

8950005192

Wm. J. C. Dulany Co., City Printers and Stationers.

ertained the full name of each child, (if any shall have
ion of its parents, the date and place of birth, and the
itioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
ctioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
the manner and within the period above required, and
mply with the provisions of this section shall be sub-
recovered as other fines and forfeitures are recoverable.

be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 1/95
4. *Place of Birth, (Street and Number)* 1806 E. Lombard Str.
5. *Full Name of Mother,* Dora Demmling
6. *Mother's Maiden Name,* " Ruth
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Demmling
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 2226 Gough St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

0 7 5 0 0 0 5 1 9 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 1 1895
4. *Place of Birth, (Street and Number)* 1423 Olive St Balto. Md
5. *Full Name of Mother,* Minnie L Smith
6. *Mother's Maiden Name,* Minnie L. Brown
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Wm H Smith
9. *Father's Occupation* Brakesman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Bathsheba Thompkins

Address, 820 Leadenhall St

Remarks,

8950005194

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67622

GIVEN NAME ADDED 4-11-66

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frank Joseph Doyle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, August 1st 1895.
4. Place of Birth, (Street and Number) 1364 Hanover St.
5. Full Name of Mother, Katie C. Doyle.
6. Mother's Maiden Name, " " Elliott.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John T. Doyle.
9. Father's Occupation Clerk.
10. Father's Birthplace, Balto. City Md.

Name of Medical Attendant, or other person who makes this Return R. J. V. Tall. M.D.

Address, 524 Sharp St.

Remarks, 8950005195

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) ~~F~~ Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 12th 1895

4. Place of Birth, (Street and Number) 0 Baltimore street ext

5. Full Name of Mother, Barbara Kapsamn

6. Mother's Maiden Name, Barbara Schillinger

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo. J. Kapsamn

9. Father's Occupation Blacksmith

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elisebeth Wikes

Address, Hoffman lane

Remarks, Baltimore city

Fred road ext

8950005196

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-15-60

RETURN OF A BIRTH. 67624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, George William Schilling

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept-1. 1895

4. Place of Birth, (Street and Number) 912. E. Madison St

5. Full Name of Mother, Mary Schilling

6. Mother's Maiden Name, " Cook.

7. Mother's Birthplace, Balto. Md

8. Full Name of Father, Wm. Schilling

9. Father's Occupation, Undertaker

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, E. L. Peterson M. D.

Address, 105 S. Broadway

Remarks,

8950005197

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) both Male & Female
2. Race or Color, (if not of the white race)
3. Date of Birth, August 1, '92
4. Place of Birth, (Street and Number) 1720 Barnes St
5. Full Name of Mother, Frances Benesch
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Carl Benesch
9. Father's Occupation Tailor
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Muller

Address, 1605 Walbert St

Remarks,

been conferred) its sex; color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8950005198

SAFETY FILM

RETURN OF A BIRTH. 67626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* August 1895
4. *Place of Birth, (Street and Number)* 972 Lancaster Street
5. *Full Name of Mother,* Ester Bandy
6. *Mother's Maiden Name,* Ester Ireland
7. *Mother's Birthplace,* Wells County
8. *Full Name of Father,* Walter Bandy
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* U. S.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8950005199

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 25.
4. *Place of Birth, (Street and Number)* 1538, N. Eden St
5. *Full Name of Mother,* Mary A. Cummings
6. *Mother's Maiden Name,* " " Maher.
7. *Mother's Birthplace,* Ireland.
8. *Full Name of Father,* Pat'k. Cummings.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, W. B. Rennert

Address,

Remarks,

8 9 5 0 0 0 2 0 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 1/95
4. *Place of Birth, (Street and Number)* 502. Cannon Str.
5. *Full Name of Mother,* Mamie Thiemert
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks, Single.

8950005201

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 2/95
4. *Place of Birth, (Street and Number)* 310 S. Bonds Str.
5. *Full Name of Mother,* Dora Schuehler
6. *Mother's Maiden Name,* " Schaefer
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Schuehler
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 2225 Gough Ste.

Remarks,

' 8 9 5 0 0 0 5 2 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 2nd 95
4. Place of Birth, (Street and Number) 1704 N Broadway
5. Full Name of Mother, Florence E Downing
6. Mother's Maiden Name, Deane
7. Mother's Birthplace, Balto
8. Full Name of Father, Leone M Downing
9. Father's Occupation, Medical Student
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, S H Feldner M D

Address, 1501 E Eager St

Remarks,

8 7 5 0 0 0 5 2 0 3

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GIVEN NAME ADDED. 11-27-56

RETURN OF A BIRTH. 67631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Regina

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 2d Aug. 1895
4. *Place of Birth, (Street and Number)* 406 Eastland St.
5. *Full Name of Mother,* Mary Buckley.
6. *Mother's Maiden Name,* Mary Mattews.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* William Buckley.
9. *Father's Occupation* Police
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. D Bird Midwife.

Address, 1417 E. Eager St.

Remarks,

1895000520 4

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1rst.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 2nd. 1895
4. *Place of Birth, (Street and Number)* No 2. W. Lee st
5. *Full Name of Mother,* Elizebeth Hoepner
6. *Mother's Maiden Name,* Elizebeth Wesselman
7. *Mother's Birthplace,* Gerde Germany.
8. *Full Name of Father,* Theodore Benjamin Hoepner.
9. *Father's Occupation* Plumber & Gas Fitter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs Bangl

Address, 711 Cross st

Remarks,

' 8 9 5 0 0 0 5 2 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the occupation of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2 d August 1895
4. *Place of Birth, (Street and Number)* 1342 Riverside Ave
5. *Full Name of Mother,* Marianie Danaher
6. *Mother's Maiden Name,* Byrd
7. *Mother's Birthplace,* Mayfield Va
8. *Full Name of Father,* James Danaher
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

, 6 9 5 0 0 0 5 2 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 2d 1895
4. *Place of Birth, (Street and Number)* 116 Colemanne Ct
5. *Full Name of Mother,* Mary Heying
6. *Mother's Maiden Name,* Mary Brander
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Heying
9. *Father's Occupation* Marble Worker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Catherine Wenske

Address, 807 Lexington Hall St

Remarks,

8 9 5 U 0 0 5 2 0 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 67635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 3rd 1895
4. *Place of Birth, (Street and Number)*	651 Columbia Ave
5. *Full Name of Mother,*	Agnes Keller
6. *Mother's Maiden Name,*	Agnes Gregor
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Michael Keller
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Henry Boyd
Address,	677 Columbia Ave.
Remarks,	

8950005208

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 67636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August. 3.
4. *Place of Birth, (Street and Number)* 1004 Riversideave
5. *Full Name of Mother,* Henrietta Elizabeth Arnold.
6. *Mother's Maiden Name,* Henrietta Elizabeth Berg
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Charles Fredrick Arnold.
9. *Father's Occupation* Shipwright Clerk.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Kathryn Glynn

Address, 800 Shadeland Ave

Remarks,

8950005209

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Aug 3rd, 1895
4. *Place of Birth, (Street and Number)* #300 Mrs. Henry and Stickers.
5. *Full Name of Mother,* Annie Martha Erdman.
6. *Mother's Maiden Name,* " " Schellens Schlager.
7. *Mother's Birthplace,* Baltimore md.
8. *Full Name of Father,* Conrad Erdman.
9. *Father's Occupation* Grocer.
10. *Father's Birthplace,* Baltimore md.

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 711 N Grant St.

Remarks,

8 4 5 0 0 0 5 2 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

...occupation of its parents, the date and place of birth; and the ... practitioner in the form of a certificate between the first and ... of the Commissioner of Health. In case the birth of any child ... or practioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Negro Col. Col.
3. *Date of Birth,* White
4. *Place of Birth, (Street and Number)* 1526 Presquile St.
5. *Full Name of Mother,* Mary E. German.
6. *Mother's Maiden Name,* " " Callender
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Chas German.
9. *Father's Occupation* Plasterer.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Dr B Perry MD

Address,

Remarks,

8950005211

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Child, if any shall have
occupation of its parents, the date and place of birth; and the
e practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
ter it shall become the duty of the person or parents of such
ance upon the mother, immediately thereafter it
child to report its birth to the Commissioner of Health, in
to comply with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to be
e, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 1/2 [illegible] 1900

4. Place of Birth, (Street and Number) 1608 Eutaw Place

5. Full Name of Mother, Frances Wyatt

6. Mother's Maiden Name, Frances Wyatt

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Frances Wyatt

9. Father's Occupation Laborer

10. Father's Birthplace, Black Smith

Name of Medical Attendant, or other person who makes this Return, Baltimore

Address, 1608 Eutaw Place

Remarks, 8950005212

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, first and last name of the child, the date and place of birth of any child said schedule shall be delivered, duly signed by the physician or practitioner in the form of a certificate the birth of any person shall occur without the attendance of a physician or practitioner of Health, in case no other person or parents of such third day of each month, immediately after it shall become, or the person above required, shall be, of the Commissioner of Health, in the manner and within the period above required, subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

be ascertained the full name of each child, (if any shall have
occupation of its parents, the date and place of birth; and the
e practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
n or practioner of midwifery, or should no other person be in
after it shall become the duty of the person or parents of such
ealth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
e, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 30 August 1895
4. *Place of Birth, (Street and Number)* 813 Whitelock St
5. *Full Name of Mother,* Mary Lorraine
6. *Mother's Maiden Name,* Mary Gorman
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Lasco Jarnagin
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8950003213

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 3/98
4. *Place of Birth, (Street and Number)* Cor Druid Hill Ave & Gwen St
5. *Full Name of Mother,* Clara Killian
6. *Mother's Maiden Name,* Clara Burns
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry Killian
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, A C Polk

Address, 2038 Madison ave

Remarks,

8 9 5 0 0 0 5 2 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 3rd 1895
4. *Place of Birth, (Street and Number)* 2024 McCulloh
5. *Full Name of Mother,* Rose Fleischer
6. *Mother's Maiden Name,* Hamburg
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Leopold Fleischer
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Chas E Sadtler

Address, 1829 Bolton St

Remarks,

8950005215

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 3rd 1927
4. *Place of Birth, (Street and Number)*	2W Hill Av
5. *Full Name of Mother,*	Bessie Rosenstock
6. *Mother's Maiden Name,*	Bessie Wilson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Moses Rosenstock
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return	Dr. Johnson
Address,	
Remarks,	8950005216

its parents, the date and place of birth; and the
in the form of a certificate between the first and
oner of Health. In case the birth of any child
er of midwifery, or should no other person be in
come the duty of the person or parents of such
anner and within the period above required, and
with the provisions of this section shall be sub-
ered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the
third day of each and every month to the office of the Commissioner of
shall occur without the attendance of a physician or practitioner of
attendance upon the mother, immediately thereafter it shall become
child to report its birth to the Commissioner of Health, in the manner
any such person or persons who shall hereafter fail to comply with
jected to the fine of ten (10) dollars for each offence, to be recovered as

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 3d day
4. *Place of Birth, (Street and Number)* 532. Colvin St.
5. *Full Name of Mother,* Kate Hogan
6. *Mother's Maiden Name,* Kate Hagans
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Michl J. Hogan
9. *Father's Occupation* Stationary Engineer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs J. Kirby Whitaker

Address, 1417 E. Eager St

Remarks,

8950005217

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug. 3 — 1895
4. *Place of Birth, (Street and Number)* 14 S. Ann St.
5. *Full Name of Mother,* Annie Kate Nelsen
6. *Mother's Maiden Name,* Lade
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Peter Nelsen.
9. *Father's Occupation* Fire Man
10. *Father's Birthplace,* Sweeden

Name of Medical Attendant, or other person who makes this Return, Jacy Stein

Address, 1427 E. Fratt St.

Remarks,

0 7 5 0 0 0 5 2 1 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

Every child born within the City of Baltimore shall be registered as to its sex, color, the full name and occupation of its parents, the date and place of birth, and the name, if any, shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3 August 1895
4. *Place of Birth, (Street and Number)* Park Ave 870
5. *Full Name of Mother,* Mary Pollock
6. *Mother's Maiden Name,* Mary Shellower
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Isaac Pollock
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return,

Address, Mary Elias 1625 Hopkins Ave.

Remarks,

1598

8 9 5 0 0 0 5 2 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug 3rd

4. *Place of Birth, (Street and Number)* # 677 W Lombard St

5. *Full Name of Mother,* Blanche Lengner

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,* Lengner

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. R. Brown

Address, 677 W Lombard St

Remarks, 8950005220

been conferred, its sex, color, the full name and occupation of its
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commis
shall occur without the attendance of a physician or practioner
attendance upon the mother, immediately thereafter it shall bec
child to report its birth to the Commissioner of Health, in the man
any such person or persons who shall hereafter fail to couply wit
jected to the fine of ten (10) dollars for each offence, to be recovere

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 3. 1895
4. *Place of Birth, (Street and Number)*	St Vincents Infant Asylum
5. *Full Name of Mother,*	Bessie Tiffin
6. *Mother's Maiden Name,*	" " W
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Not known
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	R. C. Davis M. D.
Address,	600 North Lanvale
Remarks,	

8 9 5 0 0 0 5 2 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 4th 1895
4. *Place of Birth, (Street and Number)* Md. Lzng - in Hospital
5. *Full Name of Mother,* Nellie Johnson
6. *Mother's Maiden Name,* Nellie Johnson
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* unknown
9. *Father's Occupation,* unknown
10. *Father's Birthplace,* unknown

Name of Medical Attendant, or other person who makes this Return, F. W. Keown

Address, Maryland Lzng - in Hosp. Linden Ave

Remarks,

B 9 5 U 0 0 5 2 2 2

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~4~~ V.

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 4/95
4. Place of Birth, (Street and Number) 246 S. Castle Str.
5. Full Name of Mother, Annie Schmitd
6. Mother's Maiden Name, " Schmittle
7. Mother's Birthplace, Balto.
8. Full Name of Father, Adam Schmitd
9. Father's Occupation Laberer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1225 Gough Str.

Remarks,

8 9 5 U 0 0 5 2 2 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 4 1895
4. *Place of Birth, (Street and Number)* 1435 Bank St.
5. *Full Name of Mother,* Kate Goodwill
6. *Mother's Maiden Name,* Laudenberger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Herman Goodwill
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

0 7 5 0 0 0 5 2 2 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 4 — 1895
4. *Place of Birth, (Street and Number)* 255 S. Register St.
5. *Full Name of Mother,* Lizze Thomas
6. *Mother's Maiden Name,* Miller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Christian Thomas
9. *Father's Occupation* Laboren
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

0 7 5 0 0 0 5 2 2 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* ——
3. *Date of Birth,* August 4th 1895.
4. *Place of Birth, (Street and Number)* 603 Hanover St.
5. *Full Name of Mother,* Anna Weller
6. *Mother's Maiden Name,* " Woelkonig.
7. *Mother's Birthplace,* Balto. city Md.
8. *Full Name of Father,* Louis C. Weller.
9. *Father's Occupation* Tobacconist.
10. *Father's Birthplace,* Balto. city. Md.

Name of Medical Attendant, or other person who makes this Return, R. J. V. Tall. M.D.

Address, 5-24 Sharp St.

Remarks, 1895 0005224

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug. 4 1895
4. *Place of Birth, (Street and Number)* 251 S. Eden St.
5. *Full Name of Mother,* Matilda Scott
6. *Mother's Maiden Name,* Gilmore
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Scott
9. *Father's Occupation* Potter
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

0 9 5 0 0 0 5 2 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 4 of August 1895
4. *Place of Birth, (Street and Number)* 522 a Eutaw street
5. *Full Name of Mother,* Bessie Dorsey
6. *Mother's Maiden Name,* Bessie Hall
7. *Mother's Birthplace,* Eastern shore
8. *Full Name of Father,* John Dorsey
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1895 00 05228

and occupation of its parents, the date and place of birth, and the
said schedule shall be delivered, duly signed by the
third day of each and every month to the office
shall occur without the attendance of a physician
attendance upon the mother, immediately thereaf
child to report its birth to the Commissioner of Hea
any such person or persons who shall hereafter fail
jected to the fine of ten (10) dollars for each offence,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (~~state whether male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 4th 1895
4. *Place of Birth, (Street and Number)* 1003 pennsylvania ave
5. *Full Name of Mother,* Anna S Allen
6. *Mother's Maiden Name,* Anna S Bibel
7. *Mother's Birthplace,* Balto Co Md
8. *Full Name of Father,* Joseph H Allen
9. *Father's Occupation* Labourer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, WB Hawkins

Address, Cor Green & Mulberry st

Remarks,

8950005229

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 67657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2d

1. *Sex*, (*state whether male or female*) Male

2. *Race or Color*, (*if not of the white race*) White

3. *Date of Birth*, Aug 4/98

4. *Place of Birth*, (*Street and Number*) 216 to Stricker St

5. *Full Name of Mother*, Mary Jones.

6. *Mother's Maiden Name*, Mary Smith

7. *Mother's Birthplace*, Md

8. *Full Name of Father*, James Smith

9. *Father's Occupation*, driver

10. *Father's Birthplace*, Md

Name of Medical Attendant, or other person who makes this Return. J. D. Shirey Md.

Address,

Remarks,

8 7 5 0 0 0 5 2 3 0

been conferred) its sex, color, the full name and occupation of its said schedule shall be delivered, duly signed by the practitioner in third day of each and every month to the office of the Commissio shall occur without the attendance of a physician or practitioner attendance upon the mother, immediately thereafter it shall bec child to report its birth to the Commissioner of Health, in the man any such person or persons who shall hereafter fail to comply wi jected to the fine of ten (10) dollars for each offense, to be recover

of its parents, the date and place of birth; and the oner in the form of a certificate between the first and missioner of Health. In case the birth of any child tioner of midwifery, or should no other person be in all become the duty of the person or parents of such he manner and within the period above required, and nply with the provisions of this section shall be sub- covered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5ᶜ

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 1 H 4 18 95
4. *Place of Birth, (Street and Number)* Frederick Av
5. *Full Name of Mother,* Sarah Tammas
6. *Mother's Maiden Name,* Sarah murphy
7. *Mother's Birthplace,* west Va
8. *Full Name of Father,* James murphy
9. *Father's Occupation* Labur
10. *Father's Birthplace,* irland

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 1922 Wilkins Ave

Remarks,

B 9 5 0 0 0 5 2 3 1

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 67659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 4th
4. *Place of Birth, (Street and Number)* 6th N. Lombard 27
5. *Full Name of Mother,* Maggie Lockshack
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,* Fritz Lockshack
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Dr. C. Fick

Address, 607 N. Lombard St

Remarks, 8950005232

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 5/95
4. *Place of Birth, (Street and Number)* 1151 Granby Str.
5. *Full Name of Mother,* Katie Becker
6. *Mother's Maiden Name,* " Knobel
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Henry J. Becker
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

8750005233

Wm. J. C. Dulany Co., City Printers and Stationers.

the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the
shall occur without the attendance of a physician or
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health
any such person or persons who shall hereafter fail to
jected to the fine of ten (10) dollars for each offence, to

RETURN OF A BIRTH. 67661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	aug 5th 1895
4. *Place of Birth, (Street and Number)*	1124 Fairmount Av
5. *Full Name of Mother,*	Emma ~~Foster~~ Miller
6. *Mother's Maiden Name,*	Foster
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry A Miller
9. *Father's Occupation*	Boiler maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Leo R Hahn
Address,	725 Columbia ave
Remarks,	

8950005234

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 5th
4. Place of Birth, (Street and Number) No 1338 Columbia Ave
5. Full Name of Mother, Mary Wheeler
6. Mother's Maiden Name, Mary O Sennend
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Robert Peregrine Wheeler
9. Father's Occupation Teamster
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return Mrs Bangs

Address, 7h n. 6mo ~~Robert H. Wheeler No 1338 Columbia Ave~~

Remarks,

, 8 9 5 0 0 0 5 2 3 5

Wm. J.C. Dulany Co., City Printers and Stationers.

...ses, the date and place of birth; and the ...ner in the form of a certificate between the first and ...missioner of Health. In case the birth of any child ...ner of midwifery, or should no other person be in ...ll become the duty of the person or parents of such ...e manner and within the period above required, and ...ly with the provisions of this section shall be sub- ...covered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 5th 1895
4. *Place of Birth, (Street and Number)* 1129 Eastp St
5. *Full Name of Mother,* Annie Goldsmith Moore
6. *Mother's Maiden Name,* Annie Cole
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Eugene Moore
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, E. Hurdon

Address, Evening Dispensary 614 S. Charles St

Remarks,

8950005236

Wm. J. C. Dulany Co., City Printers and Stationers

...mother, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 day of August
4. *Place of Birth, (Street and Number)* Carroll St. Balto
5. *Full Name of Mother,* Kate Mayberger
6. *Mother's Maiden Name,* Katie Nemore
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* Charles Mayberger
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Wiks

Address, Hoffman Lane

Remarks, Baltimore City
Frederick Road Post

8950005237

Wm. J. C. Dulany Co., City Printers and Stationers.

...ion of its parents, the date and place of birth, and the ...said schedule shall be delivered, duly signed by the practitioner ...third day of each and every month to the office of the Commis... shall occur without the attendance of a physician or practitioner ...attendance upon the mother, immediately thereafter it shall be ...child to report its birth to the Commissioner of Health, in the ma... any such person or persons who shall hereafter fail to comply wi... jected to the fine of ten (10) dollars for each offence, to be recover...

RETURN OF A BIRTH. 67665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 5th August 1895
4. *Place of Birth, (Street and Number)* 1811 E. Fort ave
5. *Full Name of Mother,* Jennie Gibson
6. *Mother's Maiden Name,* Linkfield
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Gibson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Elizabeth Gemmell

Address, 436 E. Fort ave

Remarks,

8 9 5 0 0 0 5 2 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 5th day
4. *Place of Birth, (Street and Number)* 918 Fillmore St
5. *Full Name of Mother,* Susan McGuire
6. *Mother's Maiden Name,* Susan O'Neal
7. *Mother's Birthplace,* Baltimore Co.
8. *Full Name of Father,* Edward McGuire
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wm. J. Smith Medicine

Address, 1417 E. Eager St

Remarks,

8950005239

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 5th 1895
4. Place of Birth, (Street and Number) Md Lying-in Hospital
5. Full Name of Mother, Ida Leberman
6. Mother's Maiden Name, Ida Barnett
7. Mother's Birthplace, West Virginia
8. Full Name of Father, Gustav Leberman
9. Father's Occupation, Practitioner of Medicine
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, L. W. Keown A.B. M.D.

Address, Maryland Lying-in Hospital - Linden Ave.

Remarks,

1895 0005240

Wm. J. C. Dulany Co., City Printers and Stationers.

the date and place of birth; and the
oner in the form of a certificate between the first and
nissioner of Health. In case the birth of any child
tioner of midwifery, or should no other person be in
all become the duty of the person or parents of such
the manner and within the period above required, and
mply with the provisions of this section shall be sub-
ecovered as other fines and forfeitures are recoverable.

shall be delivered, duly signed by the practitioner in
shall occur without the attendance of a physician or practitioner
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
attendance upon the mother, immediately thereafter, in the manner and within the period above required, and
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug. 5th
4. *Place of Birth, (Street and Number)* 1122 N. Mount st.
5. *Full Name of Mother,* Lucy Smith
6. *Mother's Maiden Name,* " Brookens
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Chas. Smith.
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, B. C. Callum M.D.

Address, 1122 N Mount st.

Remarks,

8 9 5 0 0 0 5 2 4 1

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the practitioner in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Fml
2. *Race or Color, (if not of the white race)* W hite
3. *Date of Birth,* August 5 1895
4. *Place of Birth, (Street and Number)* Duncan alley 410
5. *Full Name of Mother,* Sophia Wolf
6. *Mother's Maiden Name,* Sedleke
7. *Mother's Birthplace,* Bohaimen
8. *Full Name of Father,* John Wolf
9. *Father's Occupation* Tolor
10. *Father's Birthplace,* Bohaimen

Name of Medical Attendant, or other person who makes this Return, Mary Keyser

Address, N Washington Ave

Remarks,

8 7 5 0 0 0 5 2 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 tes

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5th of August 95
4. *Place of Birth, (Street and Number)* Ve 3 Frederick av.
5. *Full Name of Mother,* Louise Senger
6. *Mother's Maiden Name,* Louise Heim
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Carls Senger
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler midwife

Address, 2116 W. Pratt St

Remarks,

8950005243

Wm. J. C. Dulany Co,. City Printers and Stationers.

...and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF BIRTH. 67671

Bureau of Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9te
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	3te August 5 August
4. Place of Birth, (Street and Number)	Wilhelm st, 2014
5. Full Name of Mother,	Mathilde Susanne Wohler
6. Mother's Maiden Name,	Klatt
7. Mother's Birthplace,	Danzig
8. Full Name of Father,	Friedrich August Wohler
9. Father's Occupation	Machinist
10. Father's Birthplace,	Danzig
Name of Medical Attendant, or other person who makes this Return,	Mrs Young
Address,	711 N Broadst
Remarks,	

8750005244

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 August 1895
4. Place of Birth, (Street and Number) 343 Gay St
5. Full Name of Mother, Bessie Swartz
6. Mother's Maiden Name, Wall
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Swartz
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E Sherman

Address, 172 Aisquith St.

Remarks,

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

8 Y 5 U 0 0 5 2 4 5

RETURN OF A BIRTH. 67673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 5th 95
4. *Place of Birth, (Street and Number)*	113 + 115 N. Lombard Maternite
5. *Full Name of Mother,*	Alice Williams
6. *Mother's Maiden Name,*	Alice Williams
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	"
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	Chas. E. Black M.D.
Address,	113+115 N. Lombard St.
Remarks,	

8950005246

Wm. J. C. Dulany Co., City Printers and Stationers.

by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Twins (Both female)
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 5
4. *Place of Birth, (Street and Number)* 744 Boggs Court
5. *Full Name of Mother,* Maggie Scott
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Dr. C. J. Dick

Address, 627 N. Linbarth St

Remarks,

8 Y 5 U 0 0 5 2 4 7

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM

RETURN OF A BIRTH. 67675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 6/95
4. Place of Birth, (Street and Number) 6366 N. Chester Str.
5. Full Name of Mother, Annie Lotz
6. Mother's Maiden Name, " Schmidt
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Lotz
9. Father's Occupation, Tinner
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks.

B 45 U 0052 48

Wm. J. C. Dulany Co., City Printers and Stationers.

KODAK

RETURN OF A BIRTH. 67676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 6, 1895
4. *Place of Birth, (Street and Number)* 14 Goulds Lane
5. *Full Name of Mother,* Lillie Hartenstine
6. *Mother's Maiden Name,* Lillie Higgins
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Hartenstine
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Dr. R. Caskey

Address, 213 E. Heath St

Remarks, Henry Well

8950005249

Wm. J. C. Dulany Co,. City Printers and Stationers.

...tioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. m

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6th of August 95
4. *Place of Birth, (Street and Number)* 107 n. Mount St.
5. *Full Name of Mother,* Anna Marrys
6. *Mother's Maiden Name,* Anna Wittmann
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Roland Marrys
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 216 W. Pratt St

Remarks,

895 0005250

Wm. J. C. Dulany Co,. City Printers and Stationers.

Every birth shall be delivered duly signed by the practitioner in attendance, the date and place of birth; and the name, residence and occupation of each parent, if possible, to the Commissioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	august the 6 1895
4. *Place of Birth, (Street and Number)*	fulton Ave No 6004
5. *Full Name of Mother,*	Eistener dutz
6. *Mother's Maiden Name,*	Eistener miller
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	andrew deetz
9. *Father's Occupation*	labur
10. *Father's Birthplace,*	germany
Name of Medical Attendant, or other person who makes this Return,	Mrs S Sellers
Address,	No 19-22 Wilkins ave
Remarks,	

8 9 5 0 0 0 5 2 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

practitioner in the form of a certificate and place of birth; and the
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
er it shall become the duty of the person or parents of such
lth, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 6 1895
4. *Place of Birth, (Street and Number)*	1127 Ridgley Street Baltimore
5. *Full Name of Mother,*	Mary Fithian
6. *Mother's Maiden Name,*	Ella E. Jubb
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Smith Fithian
9. *Father's Occupation,*	Egineer
10. *Father's Birthplace,*	Kent County
Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
Address,	74 Cross St
Remarks,	

1895 00052 52

Wm. J. C. Dulany Co., City Printers and Stationers.

occupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
er it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* 6th Dec.
4. *Place of Birth, (Street and Number)* 524 Hardkard Ave
5. *Full Name of Mother,* Mary Fenn
6. *Mother's Maiden Name,* Mary Brazier
7. *Mother's Birthplace,* Baltimore Co.
8. *Full Name of Father,* Thomas Fenn
9. *Father's Occupation* Waterman
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. J. Reid Anderson.

Address, 1417 E. Eager St.

Remarks,

6 9 5 0 0 0 5 2 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* August 6 1896
4. *Place of Birth, (Street and Number)* 1014 Carlton St.
5. *Full Name of Mother,* Millie Collins
6. *Mother's Maiden Name,* Millie Mitchell
7. *Mother's Birthplace,* Eastern Shore
8. *Full Name of Father,* James Collins
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Eastern Shore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 5 0 0 0 5 2 5 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 6 1895
4. *Place of Birth, (Street and Number)* Bohemian Camp 2005
5. *Full Name of Mother,* Katie Klimer
6. *Mother's Maiden Name,* Wanbaw
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Joseph Klimer
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Baptist

Address, N Washington Hosp 2005

Remarks,

8950005255

Wm. J. C. Dulany Co., City Printers and Stationers.

...the practitioner in the form of a certificate between the first and ...of the Commissioner of Health. In case the birth of any child ...or practioner of midwifery, or should no other person be in ...after it shall become the duty of the person or parents of such ...ealth, in the manner and within the period above required, and ...il to comply with the provisions of this section shall be sub- ...e, to be recovered as other fines and forfeitures are recoverable.

...the date and place of birth; and the ...shall be delivered, duly signed by the ... third day of each and every month to the office of the ... shall occur without the attendance of a physician or pr... attendance upon the mother, immediately thereafter it ... child to report its birth to the Commissioner of Health, i... any such person or persons who shall hereafter fail to co... jected to the fine of ten (10) dollars for each offence, to be

RETURN OF A BIRTH. 67683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 9 1
4. *Place of Birth, (Street and Number)* 411 N. 20th St.
5. *Full Name of Mother,* Kate E. Edwards
6. *Mother's Maiden Name,* " Humphreys
7. *Mother's Birthplace,* Balto Co.
8. *Full Name of Father,* Paul V. Edwards
9. *Father's Occupation* Fireman on R. R.
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, O B Parran MD

Address,

Remarks,

1 8 9 5 0 0 0 5 2 5 6

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 6 24
4. *Place of Birth, (Street and Number)* 622 W. Lombard St.
5. *Full Name of Mother,* Dora Adams
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. McG. Dick

Address, 622 W. Lombard St

Remarks, 8950005257

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67684 67685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 6th 1895
4. *Place of Birth, (Street and Number)* Maryland Lying-in Hospital.
5. *Full Name of Mother,* Lulu Dodson
6. *Mother's Maiden Name,* Lulu Dodson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* unknown
9. *Father's Occupation,* unknown
10. *Father's Birthplace,* unknown

Name of Medical Attendant, or other person who makes this Return, Thomas H Keown AB MD

Address, Maryland Lying-in Hospital Linden Ave

Remarks,

8 9 5 0 0 0 5 2 5 8

Wm J C Dulany Co., City Printers and Stationers.

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. 12

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th of August 95
4. Place of Birth, (Street and Number) 100 Wilkens Str
5. Full Name of Mother, Anna Böhnlein
6. Mother's Maiden Name, Anna Gatemann
7. Mother's Birthplace, Balto
8. Full Name of Father, Georg Söhnlein
9. Father's Occupation Brauer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keeler Midwife

Address, 2116 W. Pratt St

Remarks,

8950005259

Wm. J. C. Dulany Co,. City Printers and Stationers.

...practitioner in the form of a certificate between the first and ...Commissioner of Health. In case the birth of any child ...practitioner of midwifery, or should no other person be in ...shall become the duty of the person or parents of such ...in the manner and within the period above required, and ...comply with the provisions of this section shall be sub- ...be recovered as other fines and forfeitures are recoverable.

...third day of each and every month to the office of the Commissioner of Health, duly signed by the practitioner, ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	aug 7th 1895
4. *Place of Birth, (Street and Number)*	506 Conway St
5. *Full Name of Mother,*	Annie Schwatka
6. *Mother's Maiden Name,*	" Guess
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John H Schwatka
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Leo R Kalmus
Address,	725 Columbia ave
Remarks,	

1 8 9 5 0 0 0 5 2 6 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Katharine ~~Miller~~ over

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) .....

1. *Sex, (state whether ~~male or~~ female)* .....
2. *Race or Color, (~~if not of the~~ white race)* .....
3. *Date of Birth,* Aug 7/95
4. *Place of Birth, (Street and Number)* 1836 N Carlin
5. *Full Name of Mother,* Anna A. Miller
6. *Mother's Maiden Name,* " " Storms
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Walter E Miller
9. *Father's Occupation* Commission Merchant
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 1522 N. Bond St.

Remarks, ...

8950005261

Wm. J. C. Dulany Co., City Printers and Stationers.

over

RETURN OF A BIRTH. 67689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Elsie Marie Burns

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) ~~Child~~ Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 9 1911.

4. Place of Birth, (Street and Number) 130 Eager St.

5. Full Name of Mother, Minnie Burns.

6. Mother's Maiden Name, Minnie Bauer.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thos C. Burns

9. Father's Occupation Conductor Mercantile

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Wm E Reinhold

Address,

Remarks,

8950005262

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 7th 95
4. Place of Birth, (Street and Number) 200 E Monument St.
5. Full Name of Mother, Catherine Nagengast
6. Mother's Maiden Name, Franz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Nagengast
9. Father's Occupation, Retired Farmer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, S W Skinner M D

Address, 1511 E Eager St

Remarks,

, 8 7 5 0 0 0 5 2 6 3

Third day of each and every month to the office of the Commissioner in the form of a certificate between the first and ... the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 7th Aug
4. *Place of Birth, (Street and Number)* 619 Constitution St
5. *Full Name of Mother,* Lizzie Skeehan
6. *Mother's Maiden Name,* Lizzie E. Kennedy
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John Skeehan
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. P. Agnes Skeehan.

Address, 1417 E. Eager St

Remarks,

8950005264

Wm. J. C. Dulany Co., City Printers and Stationers.

... practitioner in the form of a certificate between the first and ... of the Commissioner of Health. In case the birth of any child ... or practitioner of midwifery, or should no other person be in ... ter it shall become the duty of the person or parents of such ... lth, in the manner and within the period above required, and ... to comply with the provisions of this section shall be sub- ... to be recovered as other fines and forfeitures are recoverable.

occupation of its parents, the date and place of birth, and the name and occupation of each child, if any shall have
e practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
n or practioner of midwifery, or should no other person be in
fter it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
e, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 7 / 25
4. *Place of Birth, (Street and Number)* 641 W Barre St
5. *Full Name of Mother,* Annie R Dewitt
6. *Mother's Maiden Name,* " " Beatty
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Carlton M Dewitt
9. *Father's Occupation:* R R Brakeman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos M Lumpkin M.D.

Address, 412 S Paca St

Remarks,

8950005265

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* August 7 1893

4. *Place of Birth, (Street and Number)* 825 Canton Ave

5. *Full Name of Mother,* Anna Schulteis

6. *Mother's Maiden Name,* Anna Ernst

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Andrew Schulteis

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Dr. A. Lorenz

Address, 824 Canton Ave.

Remarks,

3 9 5 0 0 0 5 2 6 6

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67694

CERTIFICATE CORRECTED 3-11-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME CHANGED BY COURT ORDER 3-11-57 Name: Louis L. Libby

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 August 1895
4. *Place of Birth, (Street and Number)* 115 Harrison St
5. *Full Name of Mother,* Rosa ~~(Schwartz)~~ Libowitz
6. *Mother's Maiden Name,* Cirkus
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Nathan ~~(Schwartz)~~ Libowitz
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 72 Albemarle St.

Remarks,

0 7 5 0 0 0 5 2 6 7

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 7th 95
4. Place of Birth, (Street and Number) Denmead bet Retreat st
5. Full Name of Mother, Mary A Sullivan
6. Mother's Maiden Name, " " McCrary
7. Mother's Birthplace, Georgia
8. Full Name of Father, Wm J Sullivan
9. Father's Occupation, Druggist
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, L. H Fray

Address, 2414 D. H. ave

Remarks,

8 9 5 0 0 0 5 2 6 8

Wm J C. Dulany Co., City Printers and Stationers.

...day of each and every month to the office of the Commissioner in the form of a certificate between the first and ... shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 C Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth, 8 August 1894
4. Place of Birth, (Street and Number) 132 E Randall st
5. Full Name of Mother, Ella M Norton
6. Mother's Maiden Name, Kelso
7. Mother's Birthplace, Balto
8. Full Name of Father, George Norton
9. Father's Occupation Brakesman Bal. & O. R.
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E K Brooks

Address, 1928 Druid st

Remarks, Dang Well

8 9 5 0 0 0 5 2 6 9

the practitioner in the form of a certificate between the first and
ce of the Commissioner of Health. In case the birth of any child
ian or practioner of midwifery, or should no other person be in
reafter it shall become the duty of the person or parents of such
Health, in the manner and within the period above required, and
fail to comply with the provisions of this section shall be sub-
nce, to be recovered as other fines and forfeitures are recoverable.
third day of each and every month to the office of the
shall occur without the attendance of a physician or
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health
any such person or persons who shall hereafter fail to
jected to the fine of ten (10) dollars for each offence, to

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W. Col'd
3. *Date of Birth,* 8 August 1900
4. *Place of Birth, (Street and Number)* 1328 E. Cross St
5. *Full Name of Mother,* Mary Black
6. *Mother's Maiden Name,* Berryman
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* John Black
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return, Mrs E. L. Brooks

Address, 1838 Aliceanna St

Remarks, Drug Well

8950005270

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 8 — 1895
4. Place of Birth, (Street and Number) 1420 Philpot St.
5. Full Name of Mother, Ellen Aburn
6. Mother's Maiden Name, Oar
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Aburn
9. Father's Occupation Fireman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8 7 5 0 0 0 5 2 7 1

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 67699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 8/95
4. *Place of Birth, (Street and Number)* 6 N. Bradford Str.
5. *Full Name of Mother,* Mary Watson
6. *Mother's Maiden Name,* " Russell
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Watson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

8 9 5 0 0 0 5 2 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

the practitioner in the form of a certificate between the first and
ce of the Commissioner of Health. In case the birth of any child
ian or practioner of midwifery, or should no other person be in
reafter it shall become the duty of the person or parents of such
Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the
shall occur without the attendance of a physician or
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health

by the practitioner in the form of a certificate between the first and
office of the Commissioner of Health. In case the birth of any child
sician or practioner of midwifery, or should no other person be in
hereafter it shall become the duty of the person or parents of such
of Health, in the manner and within the period above required, and
er fail to comply with the provisions of this section shall be sub-
fence, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of
shall occur without the attendance of a physician o
attendance upon the mother, immediately thereafte
child to report its birth to the Commissioner of Heal
any such person or persons who shall hereafter fail t
jected to the fine of ten (10) dollars for each offence,

RETURN OF A BIRTH. 67700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	V
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 8/95
4. *Place of Birth, (Street and Number)*	200 B E. Fayette Str.
5. *Full Name of Mother,*	Ella Hoyd
6. *Mother's Maiden Name,*	" Kennard
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Albert Hoyd
9. *Father's Occupation*	Weigher
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Deisenhofer
Address,	2225 Gough Str.
Remarks,	

1895 0005273

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* August 8 1895.

4. *Place of Birth, (Street and Number)* 716 East Ave.

5. *Full Name of Mother,* Barbara Jackson

6. *Mother's Maiden Name,* Barbara Sauer

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Henry Jackson

9. *Father's Occupation* Pioneer

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Geary & Lucas

Address, 920 Linden Ave.

Remarks,

0 7 5 0 0 0 5 2 7 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 8, 1895
4. *Place of Birth, (Street and Number)* 521 Rose St
5. *Full Name of Mother,* Kate Ryan
6. *Mother's Maiden Name,* Kate Daly
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Ryan
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Daniel L. Lavigne

Address, 822 Canton Av.

Remarks,

1895 U 005275

Wm. J. C. Dulany Co,. City Printers and Stationers.

the practitioner in the form of a certificate between the first and of the Commissioner of Health. In case the birth of any child n or practioner of midwifery, or should no other person be in after it shall become the duty, of the person or parents of such ealth, in the manner and within the period above required, and il to comply with the provisions of this section shall be sub- e, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the shall occur without the attendance of a physician or pr attendance upon the mother, immediately thereafter it child to report its birth to the Commissioner of Health, any such person or persons who shall hereafter fail to co jected to the fine of ten (10) dollars for each offence, to be

RETURN OF A BIRTH. 67703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 January 1895
4. *Place of Birth, (Street and Number)* 125 E. Preston Ave
5. *Full Name of Mother,* Mary E. Fain
6. *Mother's Maiden Name,* Hartz
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Louis McClain
9. *Father's Occupation* Fire Setter
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, Thos E. Brooks

Address, 1 E. Lexington St.

Remarks, Born Well

8 9 5 0 0 0 5 2 7 6

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Thursday (8) 3. a Clock. 1895
4. *Place of Birth, (Street and Number)* 1313 Patapsco Street
5. *Full Name of Mother,* Anna Amalia Brown
6. *Mother's Maiden Name,* Anna Amalia Hellmann
7. *Mother's Birthplace,* Baldsinn Baden Germany
8. *Full Name of Father,* Ferdinand Brown
9. *Father's Occupation* Iron Molders
10. *Father's Birthplace,* Hessen Darmstadt Kreis Dieburg Germany

Name of Medical Attendant, or other person who makes this Return, Ethan [illegible]

Address, 830 Sandenhall St

Remarks,

8 9 5 0 0 0 5 2 7 7

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 In

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 8th of August 95

4. *Place of Birth, (Street and Number)* 433 Parish St

5. *Full Name of Mother,* Mile Brandt

6. *Mother's Maiden Name,* mile Delcis

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Ehler Brandt

9. *Father's Occupation* Labor.

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keiler Midwife

Address, 216 W. Pratt St

Remarks,

8950005278

Wm. J. C. Dulany Co,. City Printers and Stationers.

third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner i
third day of each and every month to the office of the Commiss
shall occur without the attendance of a physician or practitioner
attendance upon the mother, immediately thereafter it shall bec
child to report its birth to the Commissioner of Health, in the ma
any such person or persons who shall hereafter fail to comply wi
jected to the fine of ten (10) dollars for each offence, to be recover

RETURN OF A BIRTH. 67706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 8
4. *Place of Birth, (Street and Number)* 745 Sarah Ann Lt
5. *Full Name of Mother,* Mary E Warner
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mary E Dick

Address, 627 W Lombard St

Remarks,

8 9 5 0 0 0 5 2 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

...the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...Commissioner of Health. In case the birth of any child ...practioner of midwifery, or should no other person be in ...shall become the duty of the person or parents of such ...in the manner and within the period above required, and ...comply with the provisions of this section shall be sub- ...be recovered as other fines and forfeitures are recoverable.

...third day of each and every month to the office of the Com... shall occur without the attendance of a physician or practi... attendance upon the mother, immediately thereafter it shall... child to report its birth to the Commissioner of Health, in the... any such person or persons who shall hereafter fail to comply... jected to the fine of ten (10) dollars for each offence, to be re...

RETURN OF A BIRTH. 67707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* Aug. 8
4. *Place of Birth, (Street and Number)* 114 Perry St.
5. *Full Name of Mother,* Annie Catamon
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M R Davis

Address, 227 N. Exeter St

Remarks,

8 9 5 U 0 0 5 2 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 9 '95
4. *Place of Birth, (Street and Number)* Harford Ave & Madison st
5. *Full Name of Mother,* Mary Mayes Roberts
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Joshua Mayes
9. *Father's Occupation* Corkmaker
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline

Address, 1605 Walbert st

Remarks,

duty of each and every month to the office of the Commissioner of Health, the practitioner in the form of a certificate between the first and
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 9 5 U 0 0 5 2 8 1

RETURN OF A BIRTH. 67709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 9/95
4. *Place of Birth, (Street and Number)* 2009 Jefferson Str.
5. *Full Name of Mother,* Louisa Kolb
6. *Mother's Maiden Name,* " Pierzer
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Louis Kolb
9. *Father's Occupation* Cutter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

Every practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
er it shall become the duty of the person or parents of such
lth, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.
third day of each and every month to the office of the
shall occur without the attendance of a physician or pra
attendance upon the mother, immediately thereafter it s
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to be

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 5 0 0 0 5 2 8 2

RETURN OF A BIRTH. 6777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 9th 95

4. *Place of Birth, (Street and Number)* 1134 Baker St.

5. *Full Name of Mother,* Mary Elizabeth Saulters

6. *Mother's Maiden Name,* " " Neal

7. *Mother's Birthplace,* Balto. Md.

8. *Full Name of Father,* Frederic F. Saulters

9. *Father's Occupation* Produce Dealer,

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Eutaw St.

Remarks,

8950005283

Wm. J. C. Dulany Co., City Printers and Stationers.

...ctitioner in the form of a certificate between the first and ... and place of birth; and the ... Commissioner of Health. In case the birth of any child ... practicioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall ... child to report its birth to the Commissioner of Health, in the ... any such person or persons who shall hereafter fail to comply ... jected to the fine of ten (10) dollars for each offence, to be re... each and every month to the office of the ... shall occur without the attendance of a physician or ... manner and within the period above required, and ... with the provisions of this section shall be sub- ... recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 9th
4. *Place of Birth, (Street and Number)* 27 Stafford St.
5. *Full Name of Mother,* Elenora Stumpf
6. *Mother's Maiden Name,* Elenora Fischer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas. C. Stumpf
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elisebeth Mikes

Address, Hoffman Lane

Remarks, Baltimore city Fredrick Road ept

8950005284

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67

CERTIFICATE CORRECTED 10-1-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Johann Edward ~~Friedrich~~ Carroll Heesemann

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 9th 1895
4. Place of Birth, (Street and Number) 124 W. Lee St.
5. Full Name of Mother, Alice E. ~~Neafsmann~~ Heesemann
6. Mother's Maiden Name, Deal
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward J. ~~Neafsmann~~ Heesemann
9. Father's Occupation, Dealer in Paints
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, H. W. Hebner M.D.

Address, 723 W. Lombard St.

Remarks, Dr. H.W. Kneaps & Self delivered Child about 2 weeks previous to birth on account of Eclampsia in the mother.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67713

GIVEN NAME ADDED 11-16-61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME:- MARY ~~MEINECKE~~

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Langaster st 1624
4. Place of Birth, (Street and Number) 9 August, 1895
5. Full Name of Mother, Lizzie Meinecke
6. Mother's Maiden Name, Miller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, August Meinecke
9. Father's Occupation, Brkytr
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, S. Bond st 838

Remarks,

0 7 5 0 0 0 5 2 8 6

shall occur without the attendance ... child to report its birth to the Commissioner of ... any such person or persons who shall hereafter ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 9th. 1895.
4. *Place of Birth, (Street and Number)* 1406 Patapsco st.
5. *Full Name of Mother,* Jennie C. Miller
6. *Mother's Maiden Name,* Jennie C. Scheeler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Chas. C. Miller
9. *Father's Occupation* Paper & Straw Board cutter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Baltimore Wagner

Address, 520 Seabrook Ave

Remarks,

6 9 5 0 0 0 5 2 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IX

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 9/95
4. *Place of Birth, (Street and Number)* 244 S. Castle Str.
5. *Full Name of Mother,* Matilda Hermann
6. *Mother's Maiden Name,* " Schoenher
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Herman
9. *Father's Occupation* Lettercarier
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 2225 Gough St.

Remarks,

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 9 5 0 0 0 5 2 8 8

Every midwife or physician or practitioner in the form of a certificate between the first and the office of the Commissioner of Health. In case the birth of any child physician or practitioner of midwifery, or should no other person be in thereafter it shall become the duty of the person or parents of such er of Health, in the manner and within the period above required, and reafter fail to comply with the provisions of this section shall be sub- offence, to be recovered as other fines and forfeitures are recoverable.

shall occur every month to the office of
attendance of a physician or practitioner
child to report its birth to the Commissioner of Health, and
any such person or persons who shall hereafter
jected to the fine of ten (10) dollars for each offence,

RETURN OF A BIRTH. 6776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 10th 1895
4. *Place of Birth, (Street and Number)* 3007 Hudson st Balto Md
5. *Full Name of Mother,* Tammille Earle
6. *Mother's Maiden Name,* Tamille Reynolds
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Charles Earle
9. *Father's Occupation,* Conductor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna Kubach Midwife

Address, 2838 Elliott.

Remarks,

8 9 5 0 0 0 5 2 8 9

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 10/95
4. *Place of Birth, (Street and Number)* 417 S. Collington Ave.
5. *Full Name of Mother,* Annie M. Kneuker
6. *Mother's Maiden Name,* Günther
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Albert Kneuker
9. *Father's Occupation* Cutter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

8 7 5 0 0 0 5 2 9 0

third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-11-60

RETURN OF A BIRTH. 67718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Charles Edward ~~——~~ Schwartz

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 10/95
4. Place of Birth, (Street and Number) 1602 Canton Ave.
5. Full Name of Mother, Mary Schwartz
6. Mother's Maiden Name, " Wilhelm
7. Mother's Birthplace, Balto.
8. Full Name of Father, John D. Schwartz
9. Father's Occupation Porter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8950005291

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, physician or practitioner in the form of a certificate between the first and the 10th day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

practitioner in the form of a certificate the date and place of birth; and the
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
er it shall become the duty, of the person or parents of such
lth, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and
attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City,

RETURN OF A BIRTH. 67719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 10th of August 95

4. *Place of Birth, (Street and Number)* 925 E Hughes St

5. *Full Name of Mother,* Katie Williams

6. *Mother's Maiden Name,* Katie McCormick

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Jas Williams

9. *Father's Occupation* Miner

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Murphy

Address, 80 Leadenhall St

Remarks,

8 9 5 0 0 0 5 2 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4/14/66

RETURN OF A BIRTH. 67720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: BLANCHE WESSEL

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 10 august
4. Place of Birth, (Street and Number) 1740 first avenue
5. Full Name of Mother, Dora Wessel
6. Mother's Maiden Name, Atkisson
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, William J wessel
9. Father's Occupation, Carpenter
10. Father's Birthplace, Harrove germany

Name of Medical Attendant, or other person who makes this Return. Mary E Lewis

Address, No 1313 west Baltimore st

Remarks, strong child

, 8 3 5 0 0 0 5 2 9 3

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 10 August
4. Place of Birth, (Street and Number) 1109 East Av.
5. Full Name of Mother, Marie Gisel
6. Mother's Maiden Name, Behn
7. Mother's Birthplace, Balt
8. Full Name of Father, Leonhard Gisel
9. Father's Occupation, carpenter
10. Father's Birthplace, Germ.

Name of Medical Attendant, or other person who makes this Return, Anne Walker

Address, 928 S. East Av.

Remarks,

87500052944

Wm J C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 10th August 1895
4. *Place of Birth, (Street and Number)* 15 10 Riverside Ave
5. *Full Name of Mother,* Mary Breedan
6. *Mother's Maiden Name,* Clarke
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Breedan
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Calvert Co Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yeker

Address, 4362 Forest Ave

Remarks,

8 7 5 0 0 0 5 2 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

The practitioner in the form of a certificate between the first and office of the Commissioner of Health. In case the birth of any child sician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-2-58

RETURN OF A BIRTH. 67723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eva Finkelstain first

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 10 of Aug. 1895
4. Place of Birth, (Street and Number) 158 N. Exeter St
5. Full Name of Mother, Sarie C. Finkelstain
6. Mother's Maiden Name, Maggie Mitchel
7. Mother's Birthplace, in Baltimore
8. Full Name of Father, Harry Finkelstain
9. Father's Occupation, Tailor
10. Father's Birthplace, Newyork City

Name of Medical Attendant, or other person who makes this Return, H. Flinder M.D.

Address, 143 N. Front st

Remarks, 8950005296

Wm J C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SAFETY FILM

RETURN OF A BIRTH. 67724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (State whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 10th 1895
4. *Place of Birth, (Street and Number)* Cor. George and Pine Sts
5. *Full Name of Mother,* Elizabeth Tolson
6. *Mother's Maiden Name,* " Prockter
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Stonewall Jackson Tolson
9. *Father's Occupation* Mechanic
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, C. M. Cook M.D.

Address,

Remarks,

8 9 5 0 0 0 5 2 9 7

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 67725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 10 August 1897

4. *Place of Birth, (Street and Number)* 1103 Riverside Ave

5. *Full Name of Mother,* Eva L. Smith

6. *Mother's Maiden Name,* Kennedy

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* Charlie Smith

9. *Father's Occupation* Conductor

10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Wm. B. Brooks

Address, 1809 Druid Hill Ave

Remarks, Baltimore, Md.

8950005298

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-4-57

RETURN OF A BIRTH. 67726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Pearl Zelma Johnson 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug. 10 - 1895
4. Place of Birth, (Street and Number) 622 W. Lombard
5. Full Name of Mother, Katie Johnson
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. McF. Dick

Address,

Remarks, 8 9 5 0 0 0 5 2 9 9

said schedule shall be delivered, duly signed by the practitioner in attendance, to the office of the Commissioner of Health, within the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 10
4. *Place of Birth, (Street and Number)* 627 W. Lombard St.
5. *Full Name of Mother,* Minnie Morton
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M R Bruin

Address, 627 W Lombard St

Remarks,

8950005300

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-18-55

RETURN OF A BIRTH. 67728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mary Agnes Hogan 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug. 1 1895
4. Place of Birth, (Street and Number) 701 E. Chase St.
5. Full Name of Mother, Anastasia Gorgen
6. Mother's Maiden Name, " McAleer
7. Mother's Birthplace, Bell.
8. Full Name of Father, Thomas J. Gorgen
9. Father's Occupation Contractor
10. Father's Birthplace, Bell
11. Name of Medical Attendant, or other person who makes this Return, Edward Dunbar
12. Address, 1 E Lexington St
13. Remarks,

8950005301

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 11 1895
4. Place of Birth, (Street and Number) 2516 Madison av
5. Full Name of Mother, Pink Cary
6. Mother's Maiden Name, Pink Brooks
7. Mother's Birthplace, Balt
8. Full Name of Father, G Lupus Cary
9. Father's Occupation, Mariner
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. A E Pole

Address, 2038 Madison av

Remarks,

8 7 5 0 0 0 5 3 0 2

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 11/95
4. *Place of Birth, (Street and Number)* 5 N. Washington Str.
5. *Full Name of Mother,* Annie Singewald
6. *Mother's Maiden Name,* " Günther
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Edward M. Singewald
9. *Father's Occupation* Doctor
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

8950005303

Wm. J. C. Dulany Co., City Printers and Stationers.

...the practitioner in the form of a certificate between the first and ...office of the Commissioner of Health. In case the birth of any child ...sician or practioner of midwifery, or should no other person be in ...hereafter it shall become the duty of the person or parents of such ...of Health, in the manner and within the period above required, and ...er fail to comply with the provisions of this section shall be sub- ...offence, to be recovered as other fines and forfeitures are recoverable.

...shall occur in each and every month to the office of the Commissioner of Health, and the place of birth; and the ...attendance upon the mother, immediately thereafter; and in case any midwife or physician ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 11/95
4. Place of Birth, (Street and Number) 2215 E. Balto. Str.
5. Full Name of Mother, Louisa Schamberger
6. Mother's Maiden Name, " Gram
7. Mother's Birthplace, Balto.
8. Full Name of Father, Joseph Schamberger
9. Father's Occupation Builder
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

0 9 5 0 0 0 5 3 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 11 1895
4. *Place of Birth, (Street and Number)* Monument st 2437
5. *Full Name of Mother,* Mary Susanesi
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adam Susanesi
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kapsis

Address, N Washington st 206

Remarks,

8950005305

Wm. J. C. Dulany Co., City Printers and Stationers.

...and the practitioner in the form of a certificate, and the date and place of birth; and the ... of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 11. 95
4. *Place of Birth, (Street and Number)* 1414 Pasquico st.
5. *Full Name of Mother,* Anna C. Hoffman
6. *Mother's Maiden Name,* Bitzer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* H. Hoffman
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Lotheran Wards

Address, 800 Lanvale Apt. A

Remarks,

8 9 5 0 0 0 5 3 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name — Harry Louis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth - (4th)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 11th 1895
4. *Place of Birth, (Street and Number)* 2620 St Paul St
5. *Full Name of Mother,* Mary Robinson
6. *Mother's Maiden Name,* Mary Rourk
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Wilbert H. Robinson
9. *Father's Occupation,* Ball-player
10. *Father's Birthplace,* Mass -

Name of Medical Attendant, or other person who makes this Return. Dr Theodore Cook

Address, 914 N Charles St -

Remarks,

0 7 5 0 0 0 5 3 0 7

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Should be 67737

RETURN OF A BIRTH. 67737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, August 11th 1895

4. Place of Birth, (Street and Number) 1928 Brunt

5. Full Name of Mother, Fanny Boze

6. Mother's Maiden Name, Holmes

7. Mother's Birthplace, Virginia

8. Full Name of Father, Marshall Boze

9. Father's Occupation Laborer

10. Father's Birthplace, Caroline Co Md

11. Name of Medical Attendant, or other person who makes this Return, Sarah E. Dot

Address, 612 Collett St

Remedies,

8950005308

...y Co., Printers and Stationers.

RETURN OF A BIRTH. 67738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male & Female (Twins)
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug. 11 th
4. *Place of Birth, (Street and Number)* 322 Hamburg St
5. *Full Name of Mother,* Annie Bird
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Dr. Dick

Address, 622 N. Lombard St

Remarks, 8950005309

shall occur without the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Twins Male & Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 11
4. *Place of Birth, (Street and Number)* 10 Bs Durrough St.
5. *Full Name of Mother,* Aggie Christian
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. E. Brown

Address, 627 W. Lombard St.

Remarks,

8750005310

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 11th 1895
4. Place of Birth, (Street and Number) Md Lying in Hospital
5. Full Name of Mother, Martha Bonney
6. Mother's Maiden Name, Martha Bonney
7. Mother's Birthplace, Frederick Co Md
8. Full Name of Father, unknown
9. Father's Occupation, unknown
10. Father's Birthplace, unknown

Name of Medical Attendant, or other person who makes this Return. L. Wilson Ab. MD

Address, Maryland Lying-in Hospital - Linden Ave

Remarks,

8950005311

...practitioner in the form of a certificate between the first and ... Commissioner of Health. In case the birth of any child ... practitioner of midwifery, or should no other person be in ... it shall become the duty of the person or parents of such ... in the manner and within the period above required, and ... to comply with the provisions of this section shall be sub- ... be recovered as other fines and forfeitures are recoverable.

...shall occur without the attendance of a physician or practitioner ... attendance upon the mother, immediately thereafter it shall be ... child to report its birth to the Commissioner of Health, in the ... any such person or persons who shall hereafter fail to comply ... jected to the fine of ten (10) dollars for each offence, to be recovered

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12th August. 195-
4. *Place of Birth, (Street and Number)*	632. W. Cross St
5. *Full Name of Mother,*	Elezibeth. Oneill.
6. *Mother's Maiden Name,*	Scott.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward A. F. Oneill.
9. *Father's Occupation*	Glass. Blower
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Bangs
Address,	711 Lee St
Remarks,	

8750005312

Wm. J. C. Dulany Co., City Printers and Stationers.

and the ... day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty, of the person in charge of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Fem
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* 12 August
4. *Place of Birth, (Street and Number)* 1824 Biddle st
5. *Full Name of Mother,* Clara Ethel
6. *Mother's Maiden Name,* = Engelmeier
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* John Ethel
9. *Father's Occupation,* -
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address, 928 N. Carl Av.

Remarks,

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 67743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec. 12 — 1895
4. *Place of Birth, (Street and Number)* 407 S. Bond St.
5. *Full Name of Mother,* Katherina Borcherding
6. *Mother's Maiden Name,* Scheuler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Borcherding
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Harry Stein

Address, 1427 E. Pratt St.

Remarks,

8750005314

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 12th 1895
4. *Place of Birth, (Street and Number)* N 1201 Chesapeake
5. *Full Name of Mother,* Maggie Bowers
6. *Mother's Maiden Name,* Maggie Lightner
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* William Bowers
9. *Father's Occupation,* Stevedore
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Anne Kulbock Midwife

Address, 2838 Elliott

Remarks,

8 v 5 0 0 0 5 3 1 5

Wm J C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* August 12th 1895.
4. *Place of Birth, (Street and Number)* 603 S. Bentalou St.
5. *Full Name of Mother,* Daisy M. Addison.
6. *Mother's Maiden Name,* Myers.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Charles E. Addison.
9. *Father's Occupation,* Driver.
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Hugo T. Filippino.

Address, 1815. W. Pratt St., Balto. Md.

Remarks,

8950005316

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 17 - 95'.
4. *Place of Birth, (Street and Number)* 105 Clinton Place.
5. *Full Name of Mother,* Catherine Finnegan
6. *Mother's Maiden Name,* Gillespie
7. *Mother's Birthplace,* Ireland.
8. *Full Name of Father,* Chas C. Finnegan
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, W R Penny MD

Address,

Remarks,

8950005317

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH. 67747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 12 1895

4. Place of Birth, (Street and Number) 310 S Front Ave

5. Full Name of Mother, Elizabeth (Beul) Diehl

6. Mother's Maiden Name, Elizabeth (Martin) Meister

7. Mother's Birthplace, Balto

8. Full Name of Father, Henry (Beul) Diehl

9. Father's Occupation Dealer in tobacco.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary L. Lazarus

Address, 827 Canton St.

Remarks,

8750005318

Wm. J. C. Dulany Co,. City Printers and Stationers.

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male —
2. *Race or Color, (if not of the white race)* Colored —
3. *Date of Birth,* August 12th 1895
4. *Place of Birth, (Street and Number)* 689 Pierce St
5. *Full Name of Mother,* Gertrude Tinner
6. *Mother's Maiden Name,* — Richards
7. *Mother's Birthplace,* Washington D.C
8. *Full Name of Father,* Charles Tinner
9. *Father's Occupation* Labourer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, W.B. Hawkins

Address, Cor Green & Mulberry St —

Remarks,

8950005319

Wm. J. C. Dulany Co., City Printers and Stationers.

...day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 12th 1895
4. *Place of Birth, (Street and Number)* 1152 ½ Stricker St
5. *Full Name of Mother,* Belle Parr
6. *Mother's Maiden Name,* Biba
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Robert Parr
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Chas E Sadtler MD

Address, 1829 Bolton St

Remarks,

1 8 9 5 U 0 0 5 3 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

...ion of its parents, the date and place of birth, and the ... practitioner in the form of a certificate between the first and ... of the Commissioner of Health. In case the birth of any child ... or practicuer of midwifery, or should no other person be in ... ter it shall become the duty of the person or parents of such ... lth, in the manner and within the period above required, and ... to comply with the provisions of this section shall be sub- ... to be recovered as other fines and forfeitures are recoverable.

...day of each and every month, duly signed by the practi... shall occur without the attendance of a physician or pra... attendance upon the mother, immediately thereafter it s... child to report its birth to the Commissioner of Health, in... any such person or persons who shall hereafter fail to com... jected to the fine of ten ($10) dollars for each offence, to be ...

RETURN OF A BIRTH. 67750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 5 re

1. *Sex*, (*state whether male or female*) Female

2. *Race or Color*, (*if not of the white race*)

3. *Date of Birth*, Aug 12th 1895

4. *Place of Birth*, (*Street and Number*) 603 Roland Ave. Hampden

5. *Full Name of Mother*, Mary Elizabeth Moore

6. *Mother's Maiden Name*, Mary E. Farrell

7. *Mother's Birthplace*, North Carolina

8. *Full Name of Father*, William J. Moore

9. *Father's Occupation*, Traveling Salesman

10. *Father's Birthplace*, Virginia

Name of Medical Attendant, or other person who makes this Return. Geo. T. Shower, M. D.

Address, 421 Roland Ave. Hampden

Remarks,

8 Y 5 0 0 0 5 3 2 1

Wm J C. Dulany Co., City Printers and Stationers.

...the form of a certificate between the first and ...ner of Health. In case the birth of any child ...e of midwifery, or should no other person be in ...come the duty of the person or parents of such ...nner and within the period above required, and ...with the provisions of this section shall be sub- ...ed as other fines and forfeitures are recoverable.

over

RETURN OF A BIRTH. 67751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Gideon Hutchison Steffey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 12th 1895
4. *Place of Birth, (Street and Number)* 253 Falls Road, Hampden
5. *Full Name of Mother,* Ida May Steffey
6. *Mother's Maiden Name,* Ida May Wantz
7. *Mother's Birthplace,* Illinois
8. *Full Name of Father,* Geo. W. Steffey
9. *Father's Occupation,* Insurance agent
10. *Father's Birthplace,* Balt. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M.D.

Address, 421 Roland Ave. Hampden.

Remarks,

8 9 5 U 0 0 5 3 2 2

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and the practitioner shall have given the date and place of birth; and the every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 27 1895
4. *Place of Birth, (Street and Number)* 1065 Lexington
5. *Full Name of Mother,* Addie Fowler
6. *Mother's Maiden Name,* " Connor
7. *Mother's Birthplace,* N. C.
8. *Full Name of Father,* Edgar Fowler
9. *Father's Occupation,* Physician
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Hannah Hatchett

Address, 609 Campbell str.

Remarks,

8 9 5 0 0 0 5 3 2 3

Wm J C. Dulany Co., City Printers and Stationers.

Notice. Within the attendance of the Commissioner of Health. In the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of any child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 6/4/68

RETURN OF A BIRTH. 67763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ANTHONY ~~GEORGE~~ BITTER

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 12/95
4. Place of Birth, (Street and Number) 919 Somerset St
5. Full Name of Mother, Anna Bitter
6. Mother's Maiden Name, Hirsch
7. Mother's Birthplace, Germany
8. Full Name of Father, Emil Bitter
9. Father's Occupation, Locksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. S W. Schlosser M.D.

Address, 1501 E. Eager St

Remarks,

8950005324

Wm J C. Dulany Co., City Printers and Stationers.

the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 Agust
4. *Place of Birth, (Street and Number)* Bethel Str 724
5. *Full Name of Mother,* Frances Lijevsky
6. *Mother's Maiden Name,* Zakovak
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* John Lijevsky
9. *Father's Occupation* workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mari Pratt

Address, S. Bond Str. 838

Remarks,

8 9 5 U 0 0 5 3 2 5

Wm. C. Dulany Co., City Printers and Stationers.

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 August
4. Place of Birth, (Street and Number) 237 S. Exeter St
5. Full Name of Mother, Bessie Levinson
6. Mother's Maiden Name, Adler
7. Mother's Birthplace, Russia
8. Full Name of Father, Joseph Levinson
9. Father's Occupation, Furniture Manufacturer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 72 Albemarle St

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

8950005326

...ner without the attendance of a physician or ...ce of the Commissioner of Health. In case the birth of any child ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug. 12 1893
4. *Place of Birth, (Street and Number)* 1427 E Baltimore St
5. *Full Name of Mother,* Katherine Hemsgarford
6. *Mother's Maiden Name,* Nelsen
7. *Mother's Birthplace,* Elmira N.Y.
8. *Full Name of Father,* Wm. Hemsgarford
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Sarah E Dee

Address, 612 Collett St

Remarks,

8950005327

Wm. J. C. Dulany Co., City Printers and Stationers.

by the practitioner in the form of a certificate, the date and place of birth; and the
office of the Commissioner of Health. In case the birth of any child
sician or practioner of midwifery, or should no other person be in
hereafter it shall become the duty of the person or parents of such
of Health, in the manner and within the period above required, and
er fail to comply with the provisions of this section shall be sub-
offence, to be recovered as other fines and forfeitures are recoverable.

day of each and every month to the office of
shall occur without the attendance of a physician
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health
any such person or persons who shall hereafter fail
jected to the fine of ten (10) dollars for each offence,

RETURN OF A BIRTH. 67758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 12, 1895.
4. *Place of Birth, (Street and Number)* 312 W. Hoffman St.
5. *Full Name of Mother,* Emily Kinz
6. *Mother's Maiden Name,* Emily Kopp.
7. *Mother's Birthplace,* Vienna (Austria)
8. *Full Name of Father,* Edward Kinz
9. *Father's Occupation* Cook
10. *Father's Birthplace,* Strasburg (Alsace)

Name of Medical Attendant, or other person who makes this Return, Maria Schrauth

Address, 312 W. Hoffman St.

Remarks;

8950005328

Wm. J. C. Dulany Co., City Printers and Stationers.

...third day of each and every month to the office of the Commissioner of Health; only signed by the practitioner in the form of a certificate between the first and ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 12, 1875
4. *Place of Birth, (Street and Number)*	St Vincents Asy. Bay
5. *Full Name of Mother,*	Bessie Cushman
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Not known
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return.	Dr Weed
Address,	Eutaw & Fayette Sts
Remarks,	

8 2 5 U 0 0 5 3 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 13, 1895
4. *Place of Birth, (Street and Number)* 2319 Eastern Ave.
5. *Full Name of Mother,* Grace Wagner
6. *Mother's Maiden Name,* Grace Alexander
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Valentine Wagner
9. *Father's Occupation* In captain
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Grace L. Lawson

Address, 824 Eutaw St.

Remarks,

8950005330

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 13/95
4. *Place of Birth, (Street and Number)* 1021 Styles Str.
5. *Full Name of Mother,* Emma Von der Mast
6. *Mother's Maiden Name,* " Schaake
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Ernest Von der Mast
9. *Father's Occupation* Saloonkeeper
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

shall occur without the attendance of a physician or practitioner in the form of a certificate and place of birth; and the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 5 0 0 0 5 3 3 1

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	aug 13 1895
4. *Place of Birth, (Street and Number)*	1154 Pantico
5. *Full Name of Mother,*	annie Schmidt
6. *Mother's Maiden Name,*	Esslinger
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry J Schmidt
9. *Father's Occupation*	Boxmaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Leo R Rahenn
Address,	
Remarks,	

8950005332

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 67763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	august the 13 1898
4. *Place of Birth, (Street and Number)*	fulton Ave N° 2 18
5. *Full Name of Mother,*	Janeldar Tompson
6. *Mother's Maiden Name,*	Janeldar Little
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John W Tompson
9. *Father's Occupation*	huckster
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Bailey
Address,	N° 19 22 Wilkins Ave
Remarks,	

1 8 9 5 0 0 0 5 3 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

...day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 13th Aug
4. *Place of Birth, (Street and Number)* 1514 N Dallas st
5. *Full Name of Mother,* Mary Renner
6. *Mother's Maiden Name,* M Gleason
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Renner
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 944 N Gay st

Remarks,

8 9 5 0 0 0 5 3 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

...child of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67765

GIVEN NAME ADDED 5-7-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Agnes Theresa Woutisseth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug. 12/95
4. *Place of Birth, (Street and Number)* 2124 Vine St.
5. *Full Name of Mother,* Teresa Lilly Woutisseth
6. *Mother's Maiden Name,* Weaver
7. *Mother's Birthplace,* Fredrick Co. Md.
8. *Full Name of Father,* Joseph E. Woutisseth
9. *Father's Occupation* Carriage Builder
10. *Father's Birthplace,* Fredrick Co.

Name of Medical Attendant, or other person who makes this Return, J. N. Christian M.D.

Address,

Remarks,

1895 0005335

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall be the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 67765 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 13/95
4. *Place of Birth, (Street and Number)* 2530 Canton Ave.
5. *Full Name of Mother,* Barbara Rolf
6. *Mother's Maiden Name,* " Ernst
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Herman Rolf
9. *Father's Occupation* Laberer
10. *Father's Birthplace,* Batto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str

Remarks,

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and every month to the office of the Commissioner of Health, the date and place of birth; and the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 67766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug 13 1895.

4. *Place of Birth, (Street and Number)* 82 E Fayette St

5. *Full Name of Mother,* Mary Matzman

6. *Mother's Maiden Name,* " Millegan

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Albert Matzman

9. *Father's Occupation* Florist

10. *Father's Birthplace,* Bada.

Name of Medical Attendant, or other person who makes this Return, A Bd - my mo

Address,

Remarks,

' 8 9 5 U 0 0 5 3 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur within each and every month to the office of the Registrar of Vital Statistics, the date and place of birth; and the attendance upon the mother, immediately thereafter it shall become the duty of the person or practitioner in the form of a certificate between the first and child to report its birth to the Commissioner of Health, or should no other person be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 13 - 90.
4. *Place of Birth, (Street and Number)* 119 E. South st.
5. *Full Name of Mother,* Margaret E. Dean.
6. *Mother's Maiden Name,* " " Levitzer
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Della A. Dean.
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other person who makes this Return, W. B. Perry M.D.

Address,

Remarks,

8 2 5 U 0 0 5 3 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67 768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 13/95
4. *Place of Birth, (Street and Number)* 1137 S. Eutaw St.
5. *Full Name of Mother,* Mary Langohr
6. *Mother's Maiden Name,* Winch
7. *Mother's Birthplace,* Newark N.J.
8. *Full Name of Father,* Louis Langohr
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other person who makes this Return, H. W. Hebner M.D.

Address, 713 W. Lombard St.

Remarks, Birth took place at about end of 7th Month of Gestation due partly I think to severe labor performed by Mother. Breech Presentation & Natural Labor

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug. 13, 1895
4. *Place of Birth, (Street and Number)* 5 W. 24th St
5. *Full Name of Mother,* Lena Davis
6. *Mother's Maiden Name,* " Oliver
7. *Mother's Birthplace,* Phila. Pa
8. *Full Name of Father,* Morgan T. Davis
9. *Father's Occupation,* Insurance inspector
10. *Father's Birthplace,* Penna

Name of Medical Attendant, or other person who makes this Return, O. Edward Janney M.D.

Address, 837 N. Eutaw St

Remarks,

8 9 5 0 0 0 5 3 4 0

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

child, (if any shall have
the date and place of birth; and the
the Commissioner of Health. In case the birth of any child
n or practitioner of midwifery, or should no other person be in
fter it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
fail to comply with the provisions of this section shall be sub-
, to be recovered as other fines and forfeitures are recoverable
ily signed by the practi
shall occur without the attendance of a physician or pr
attendance upon the mother, immediately thereafter it s
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to
jected to the fine of ten (10) dollars for each offense, to be
each child of its parents, the
practitioner in the form of a
each day of each and every month to the office of the Co

RETURN OF A BIRTH. 67770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Robert Edward Borland

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 13 th 1895
4. *Place of Birth, (Street and Number)* 922 Barre St
5. *Full Name of Mother,* Mary E Borland
6. *Mother's Maiden Name,* Mary E Haines
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* Robt Borland
9. *Father's Occupation* Felt Hat Finisher
10. *Father's Birthplace,* Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, Mrs Barge

Address, 711 N 6 th st

Remarks,

8950005341

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

avw

RETURN OF A BIRTH. 67771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Josephine Gertrude Merten

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 13th 95.
4. Place of Birth, (Street and Number) 1401 E. Biddle st.
5. Full Name of Mother, Lina Merten
6. Mother's Maiden Name, Lina Kluth
7. Mother's Birthplace, Germany
8. Full Name of Father, Hugo Merten
9. Father's Occupation, Silver Chaser
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Chas H. A. Meyer M.D.

Address, 1019 N. Caroline St.

Remarks,

8 9 5 0 0 0 5 3 4 2

...the form of a certificate between the first and ...missioner of Health. In case the birth of any child ...titioner of midwifery, or should no other person be in ...shall become the duty of the person or parents of such ...the manner and within the period above required, and ...omply with the provisions of this section shall be sub- ...recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

...ity of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* august the 13-18-99
4. *Place of Birth, (Street and Number)* ~~raven~~ ~~winnett~~ Place st 1400
5. *Full Name of Mother,* Katey Dorman
6. *Mother's Maiden Name,* Katey Carey
7. *Mother's Birthplace,* ireland
8. *Full Name of Father,* michel J dorman
9. *Father's Occupation* Paver
10. *Father's Birthplace,* ireland

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, st 1922 Wilkins Av

Remarks,

8 9 5 0 0 0 5 3 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 13
4. *Place of Birth, (Street and Number)* 1027 E. Lee St. Baltimore
5. *Full Name of Mother,* Mary Hayes
6. *Mother's Maiden Name,* Ward - Crowley
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James R. Hayes
9. *Father's Occupation* Foreman in Round House B. O
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Catherine Murphy

Address, 500 Madison Ave. B.C.

Remarks,

8950005344

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and every month to the office of the [illegible] and place of birth; and the attendance upon the mother, immediately thereafter. In case the birth of any child child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 13 1895
4. *Place of Birth, (Street and Number)* Chapple st 945
5. *Full Name of Mother,* Mary Tobrina
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohaimen
8. *Full Name of Father,* Frank Tobrina
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohaimen

Name of Medical Attendant, or other person who makes this Return, Mary Chapelis

Address, N 710 Washington st 2nd

Remarks,

8 9 5 0 0 0 5 3 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall have ...practitioner in the form of a certificate between the first and ...of the Commissioner of Health. In case the birth of any child ...or practioner of midwifery, or should no other person be in ...ter it shall become the duty of the person or parents of such ...alth, in the manner and within the period above required, and ...to comply with the provisions of this section shall be sub- ...e, to be recovered as other fines and forfeitures are recoverable.

...day of each and every month to the office of the ... shall occur without the attendance of a physician or ... attendance upon the mother, immediately thereafter it ... child to report its birth to the Commissioner of Health, in ... any such person or persons who shall hereafter fail to com- ...jected to the fine of ten (10) dollars for each offence, to be ...

RETURN OF A BIRTH. 67775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 August 1895
4. Place of Birth, (Street and Number) 159 Harrison St
5. Full Name of Mother, Jetta Abrams
6. Mother's Maiden Name, Lipsman
7. Mother's Birthplace, Russia
8. Full Name of Father, Nathan Abrams
9. Father's Occupation, Machine agent
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Scherman

Address, 72 Albemarle St

Remarks,

every month to the office of the Registrar of Vital Statistics; the date and place of birth; and the ... practitioner in the form of a certificate between the first and ... of the Commissioner of Health. In case the birth of any child ... an or practitioner of midwifery, or should no other person be in ... reafter it shall become the duty of the person or parents of such ... Health, in the manner and within the provisions of this section shall be sub- ... r fail to comply with the provisions of this section shall be sub- ... nce, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or ... attendance upon the mother, immediately thereafter ... child to report its birth to the Commissioner of Health ... any such person or persons who shall hereafter fail ... jected to the fine of ten (10) dollars for each offence, to

Wm J C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 67776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 13th 1895
4. *Place of Birth, (Street and Number)* Md Lying-in Hospital
5. *Full Name of Mother,* Louisa Bollman
6. *Mother's Maiden Name,* Louisa Bollman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* unknown
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return. Unknown. A.B.M.D

Address, Maryland Lying-in Hospital Linden Ave

Remarks,

8950005347

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall occur without the City limits to the office of the City Registrar in the form of a certificate between the first and ... attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in attendance upon the mother, immediately thereafter to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 14 January 1895
4. *Place of Birth, (Street and Number)* 1052 East [illegible]
5. *Full Name of Mother,* Maggie L. Nickels
6. *Mother's Maiden Name,* Pleasants
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* David A. Nickels
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return, Mrs L & C Brooks

Address, 1838 Eden St

Remarks, Living Well

0 7 5 0 0 0 5 3 4 8

third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

of each child, (if any shall have
of its parents, the date and place of birth; and the
ner in the form of a certificate between the first and
missioner of Health. In case the birth of any child
ner of midwifery, or should no other person be in
l become the duty of the person or parents of such
manner and within the period above required, and
with the provisions of this section shall be sub-
overed as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 14 August
4. *Place of Birth, (Street and Number)* 41 S. Eden St
5. *Full Name of Mother,* Mary Robinson
6. *Mother's Maiden Name,* Hill
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* James Robinson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs R Ellis

Address, 1302 E Lexington St

Remarks,

1895 0005349

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 07779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug 14th 1895
4. Place of Birth, (Street and Number) No 1000 Burley st Balto
5. Full Name of Mother, Hannah Fitzgerald
6. Mother's Maiden Name, Hannah Malone
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John Fitzgerald
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Anne Kulack Midwife

Address, 2838 Elliott Balto md

Remarks,

6 7 5 0 0 0 5 3 5 0

Shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67780 (over)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Raymond Roppelt Graff

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 14/95.
4. Place of Birth, (Street and Number) 414 S. Dallas Str.
5. Full Name of Mother, Mary Graft Graff
6. Mother's Maiden Name, a Rappolt
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Graft Graff
9. Father's Occupation Laberer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

18V500035 1

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-14-57

RETURN OF A BIRTH. 67781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ida May Disney

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug 14th 95
4. Place of Birth, (Street and Number)	728 Saratoga St.
5. Full Name of Mother,	Ida V. Disney
6. Mother's Maiden Name,	" " Davis
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	F. K. B. Disney
9. Father's Occupation	Salesman
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	John T. McCarthy
Address,	626 George St.
Remarks,	

B 7 5 U 0 0 5 3 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

office of the Commissioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 14th 1895
4. Place of Birth, (Street and Number) No: 8 Elgin St
5. Full Name of Mother, Emma Sick
6. Mother's Maiden Name, Emma Deams
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Sick
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 5 0 0 0 5 3 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1st.

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 14 August
4. *Place of Birth,* (*Street and Number*) Balto Burgundy 1128
5. *Full Name of Mother,* Laura Hepple
6. *Mother's Maiden Name,* Laura Hafflich
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles T. Hepple
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 W. Lemmon

Remarks,

8 7 5 0 0 0 5 3 5 4

Wm. C. Dulany Co., City Printers and Stationers.

...by the practitioner in the form of a certificate between the first and ...physician or practitioner of midwifery, or should no other person be in ...hereafter it shall become the duty of the person or parents of such ...of Health, in the manner and within the period above required, and ...fail to comply with the provisions of this section shall be sub- ...ence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* C. Col
3. *Date of Birth,* August 17. 1895
4. *Place of Birth, (Street and Number)* 1424 Warren Ave
5. *Full Name of Mother,* Emma Webster
6. *Mother's Maiden Name,* Emma Ayers
7. *Mother's Birthplace,* Eastern Shore U. S
8. *Full Name of Father,* John Webster
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* Accomac County Va.

Name of Medical Attendant, or other person who makes this Return, Mary E Jones

Address,

Remarks,

1895000053555

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 14 August
4. *Place of Birth, (Street and Number)* 202 Richmond St
5. *Full Name of Mother,* Jussie Jacobs
6. *Mother's Maiden Name,* Mourss
7. *Mother's Birthplace,* Russia
8. *Full Name of Father* Abraham Jacobs
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs L Ulrich

Address, 1302 E Lexington St

Remarks,

67500053356

Wm. J. C. Dulany Co., City Printers and Stationers.

on of its parents, the date and place of birth, (if any shall have
ctitioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
actioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
the manner and within the period above required, and
nply with the provisions of this section shall be sub-
recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Commis-
shall occur without the attendance of a physician or practitioner
attendance upon the mother, immediately thereafter it shall be
child to report its birth to the Commissioner of Health, in the ma
any such person or persons who shall hereafter fail to comply w
jected to the fine of ten (10) dollars for each offence, to be recov

RETURN OF A BIRTH. 67786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 14 1895
4. *Place of Birth, (Street and Number)* Dallas st 1303
5. *Full Name of Mother,* Mary Minor
6. *Mother's Maiden Name,* Gerry
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Alois Minor
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Koplus

Address, N Washington st 205

Remarks,

1 8 7 5 0 0 0 5 3 5 7

Wm. J. C. Dulany Co., City Printers and Stationers.

...parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...of the Commissioner of Health. In case the birth of any child ...or practioner of midwifery, or should no other person be in ...ter it shall become the duty of the person or parents of such ...alth, in the manner and within the period above required, and ...l to comply with the provisions of this section shall be sub- ..., to be recovered as other fines and forfeitures are recoverable.

...day of each and every month to the office of the ... shall occur without the attendance of a physician or pr... attendance upon the mother, immediately thereafter it ... child to report its birth to the Commissioner of Health, ... any such person or persons who shall hereafter fail to co... jected to the fine of ten (10) dollars for each offence, to be

RETURN OF A BIRTH. 67787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 14th Aug

4. *Place of Birth, (Street and Number)* 1430 E Baltimore st

5. *Full Name of Mother,* Mary Hasselbark

6. *Mother's Maiden Name,* " Belke

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Chas Hasselbark

9. *Father's Occupation* Tepidermist

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 944 N Gay st

Remarks,

8 9 5 0 0 0 5 3 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

...third day of each and every month to the office of the Commissioner of Health, only signed by the practitioner in the form of a certificate between the first and ...shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-4-57

RETURN OF A BIRTH. 67788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) William Francis Gibson 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 14th 1895
4. Place of Birth, (Street and Number) 1007 Shields Alley
5. Full Name of Mother, Maria Gibson
6. Mother's Maiden Name, Maria Jackson
7. Mother's Birthplace, Virginia
8. Full Name of Father, Thomas Gibson
9. Father's Occupation, Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Unknown M.D.

Address, Maryland Kyng - in Hospital Linden Ave

Remarks,

0750005359

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur with and every month to the office of the Commissioner of Health. In case the date and place of birth; and the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 16th
4. *Place of Birth, (Street and Number)* 622 N Lombard St
5. *Full Name of Mother,* Jennie Benson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Wm J. Deck

Address, 622 N. Lombard St

Remarks,

8 9 5 U 0 0 5 3 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) B

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 14
4. *Place of Birth, (Street and Number)* 622 W. Lombard St
5. *Full Name of Mother,* Annie Wright
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, W R Bruin

Address,

Remarks,

8950005361

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 15th 1895
4. *Place of Birth, (Street and Number)* 1233 S. Eutaw St
5. *Full Name of Mother,* Laura Hyden
6. *Mother's Maiden Name,* Laura Hyde
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Alexander Hyden
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, E. Hurdon

Address, Evening Dispensary 614 S. Charles St.

Remarks,

18950005362

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W. Male
3. *Date of Birth,* 15 January 1895
4. *Place of Birth, (Street and Number)* 2035 Marshall ave
5. *Full Name of Mother,* Mary E Crowley
6. *Mother's Maiden Name,* Diver
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Frederick Crowley
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E E Brooks

Address, 833 Lee st

Remarks, Living Well

8950005363

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-9-56

RETURN OF A BIRTH. 67793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Eugene Joseph Sapp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th. Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 1st 1895
4. Place of Birth, (Street and Number) 604 N. Eutaw St.
5. Full Name of Mother, Ida C. Sapp
6. Mother's Maiden Name, Ida C Pipin
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Jos. F. Sapp.
9. Father's Occupation B & O. R.R. Clerk
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton M.D.

Address, S.W. Cor. Calvert & Preston Sts.

Remarks,

U 95 U 005364

Wm. J. C. Dulany Co., City Printers and Stationers

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 15th 1895
4. *Place of Birth, (Street and Number)* 1501 Aisquith st.
5. *Full Name of Mother,* Naomi Wallace
6. *Mother's Maiden Name,* " Mann
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Charles B. Wallace
9. *Father's Occupation,* Rail Road Clerk
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

8 9 5 0 0 0 5 3 6 5

Wm J C. Dulany Co., City Printers and Stationers.

practitioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
practitioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
ll, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
be recovered as other fines and forfeitures are recoverable.
shall occur without the attendance of a physician or practi
attendance upon the mother, immediately thereafter it sha
child to report its birth to the Commissioner of Health, in th
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offence, to be rec

CERTIFICATE CORRECTED 6-1-59

RETURN OF A BIRTH. 67795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Anna Elizabeth Thiele

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, August 15 1895

4. Place of Birth, (Street and Number) 1409 E. Balto. st

5. Full Name of Mother, Emma Thiele

6. Mother's Maiden Name, ~~Wagner~~ Meyer

7. Mother's Birthplace, Balto

8. Full Name of Father, Julius Thiele

9. Father's Occupation Harness Maker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return Rose Ulrig

Address, 1302 E. Lexington st

Remarks,

1895000536

Wm. J. C. Dulany Co., City Printers and Stationers.

...occupation of its parents, the date and place of birth; and the ...the practitioner in the form of a certificate between the first and ...e of the Commissioner of Health. In case the birth of any child ...an or practioner of midwifery, or should no other person be in ...after it shall become the duty of the person or parents of such ...ealth, in the manner and within the period above required, and ...il to comply with the provisions of this section shall be sub- ...e, to be recovered as other fines and forfeitures are recoverable.

...shall be delivered, duly signed by the ... third day of each and every month to the office of the ... shall occur without the attendance of a physician or ... attendance upon the mother, immediately thereafter. ... child to report its birth to the Commissioner of Health, ... any such person or persons who shall hereafter fail to co... jected to the fine of ten (10) dollars for each offence, to be ...

RETURN OF A BIRTH. 67796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Aug 15 95
4. Place of Birth, (Street and Number) 916 Little Pine St
5. Full Name of Mother, Amanda Bond.
6. Mother's Maiden Name, Amanda Jones.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Bond
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, I H Brown AB MD.

Address, Maryland Lying in Hospital Linden Ave

Remarks,

8 9 5 0 0 0 5 3 6 7

Wm J C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-16-58

RETURN OF A BIRTH. 67,97

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marnie Louise ~~Elliott~~ Elliott

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 15th August 1895
4. *Place of Birth, (Street and Number)* 1423 Clarkson St
5. *Full Name of Mother,* Mary L Elliott
6. *Mother's Maiden Name,* Knauss
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Elliott
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Agnew

Address, 436 E Fort ave

Remarks,

8950005368

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter. It shall be the duty of the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 15/95
4. *Place of Birth, (Street and Number)* 107 S. Chester Str.
5. *Full Name of Mother,* Mary J. Dougherty
6. *Mother's Maiden Name,* " " Flaherty
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William J. Dougherty
9. *Father's Occupation* Bartender
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8 Y 5 U 0 0 5 3 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

d by the practitioner in the form of a certificate between the first and
office of the Commissioner of Health. In case the birth of any child
ysician or practioner of midwifery, or should no other person be in
thereafter it shall become the duty of the person or parents of such
r of Health, in the manner and within the period above required, and
fter fail to comply with the provisions of this section shall be sub-
offence, to be recovered as other fines and forfeitures are recoverable.
shall occur without the attendance of a physician
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health
any such person or persons who shall hereafter fail
jected to the fine of ten (10) dollars for each offence,
each and every month to the office

RETURN OF A BIRTH. 67799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* ~~866 W. Lombard St.~~ Aug. 15/95
4. *Place of Birth, (Street and Number)* 866 W. Lombard St.
5. *Full Name of Mother,* Louisa E. Becker
6. *Mother's Maiden Name,* Bierwiler
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Henry P. Becker
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, H. W. Webner, M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor

8950005370

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 15th 95.
4. Place of Birth, (Street and Number) 901 N Caroline st.
5. Full Name of Mother, Lida Le Fevre
6. Mother's Maiden Name, Lida Streeper
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Wm. H. Le Fevre
9. Father's Occupation, Engineer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Meyer M.D.

Address, 1019 N. Caroline st.

Remarks,

8 7 5 0 0 0 5 3 7 1

Wm J C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 67801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 15th 1895.
4. *Place of Birth, (Street and Number)*	1207 W. Cross St.
5. *Full Name of Mother,*	Mary Relihan
6. *Mother's Maiden Name,*	Gentner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Dail J. Relihan
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	E. C. Garee M. D.
Address,	430 Columbia ave
Remarks,	

8750005372

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...ate of each child, if any shall have ...during the ...the practitioner in the form of a certificate between the first and ...of the Commissioner of Health. In case the birth of any child ...or practitioner of midwifery, or should no other person be in ...after it shall become the duty of the person or parents of such ...alth, in the manner and within the period above required, and ...ail to comply with the provisions of this section shall be sub- ...e, to be recovered as other fines and forfeitures are recoverable.

...third day of each and every month to the office of the Registrar of Vital Statistics, ...shall occur without the attendance of a physician or practitioner of midwifery, ...attendance upon the mother, immediately thereafter it shall become the duty of any ...child to report its birth to the Commissioner of Health, in the manner and within ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be ...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 6 August
4. *Place of Birth, (Street and Number)* Lopez Lane
5. *Full Name of Mother,* Catherine Green
6. *Mother's Maiden Name,* Catherine Watts
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Levi Green
9. *Father's Occupation* Trucker
10. *Father's Birthplace,* Prince George Co

Name of Medical Attendant, or other person who makes this Return, Elizabeth Wicks

Address,

Remarks,

0 7 5 0 0 0 5 3 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

...occupation of its parents, the date and place of birth, and the ...ing the ... practitioner in the form of a certificate between the first and ... shall occur without the attendance of a physician or practitioner of ... attendance upon the mother, immediately thereafter. It shall ... child to report its birth to the Commissioner of Health, in the manner ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* August 15, 1895.
4. *Place of Birth, (Street and Number)* 2832 Huntingdon ave.
5. *Full Name of Mother,* Lucy S. Spicer
6. *Mother's Maiden Name,* Mehrdt.
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Chas. Wm. Spicer.
9. *Father's Occupation* Police Officer.
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return. Chas H. Mitchell M.D.

Address, 291 Aliceanna ave.

Remarks,

1. B 7500053 74

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67804

GIVEN NAME ADDED 5-2-34 [redacted]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Emma Julia Hagel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 15 1895
4. *Place of Birth, (Street and Number)*	711 N Peters st
5. *Full Name of Mother,*	Julia Hagel
6. *Mother's Maiden Name,*	Bunge
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Charles Hagel
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
Address,	711 N Peters st.
Remarks,	

1895000005375

Wm. C. Dulany Co., City Printers and Stationers.

...third day of each and every month to the office of the ... shall occur without the attendance of a physician or pr... attendance upon the mother, immediately thereafter it ... child to report its birth to the Commissioner of Health, i... any such person or persons who shall hereafter fail to co... jected to the fine of ten (10) dollars for each offence, to be ... of its parents, the date and place of birth; and the ... e practitioner in the form of a certificate between the first and ... of the Commissioner of Health. In case the birth of any child ... n or practioner of midwifery, or should no other person be in ... fter it shall become the duty of the person or parents of such ... ealth, in the manner and within the period above required, and ... il to comply with the provisions of this section shall be sub- ... e, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	15 August 1895
4. *Place of Birth, (Street and Number)*	S. Bond str. 838
5. *Full Name of Mother,*	Wiktoria Wijrecht
6. *Mother's Maiden Name,*	Pruchnovska
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Ludvik Wijrecht
9. *Father's Occupation*	Sailor
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return,	Mari Orett
Address,	S. Bond str. 838
Remarks,	

6750005376

Wm. C. Dulany Co., City Printers and Stationers.

...the full name of each child, (if any shall have ...the date and place of birth; and the ...ation of its parents, the date and place between the first and ...actitioner in the form of a certificate between the birth of any child ...e Commissioner of Health. In case the birth of any child ...practioner of midwifery, or the person or parents of such ...t shall become and within the period above required, and ...in the manner and provisions of this section shall be sub- ...comply with the fines and forfeitures are recoverable. ...be recovered as other fines and forfeitures are recoverable.

...shall be delivered, duly signed by the physician or ...to the office of practitioner, immediately thereafter. It shall ...third day of each and every month of a physician or practitioner, ...shall occur without the attendance of a physician or practitioner, ...attendance upon the mother, immediately thereafter. It shall ...child to report its birth to the Commissioner of Health, in the ...any such person or persons who shall hereafter fail to comply ...jected to the fine of ten (10) dollars for each offence, to be re...

RETURN OF A BIRTH. 67806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Aug. 15/95

4. Place of Birth, (Street and Number) Mc Henrietta 113+115 N. Lombard.

5. Full Name of Mother, Annie Rideout

6. Mother's Maiden Name, Annie Rideout

7. Mother's Birthplace, Md.

8. Full Name of Father, "

9. Father's Occupation "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Chas. E. Brack M.D.

Address, 113+115 N. Lombard St.

Remarks,

8950005377

Wm. J. C. Dulany Co., City Printers and Stationers.

...of its parents, the date and place of birth; and the ...ner in the form of a certificate between the first and ...missioner of Health. In case the birth of any child ...oner of midwifery, or should no other person be in ...ll become the duty of the person or parents of such ...e manner and within the period above required, and ...ly with the provisions of this section shall be sub- ...covered as other fines and forfeitures are recoverable.

ed the full name of each child, (if any shall have
f its parents, the date and place of birth, and the
r in the form of a certificate between the first and
issioner of Health. In case the birth of any child
er of midwifery, or should no other person be in
become the duty of the person or parents of such
manner and within the period above required, and
with the provisions of this section shall be sub-
vered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug. 6
4. *Place of Birth, (Street and Number)* 622 W Lombard St
5. *Full Name of Mother,* Louisa Johnson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. M. R. Bruin M.D.

Address, 622 W. Lombard St

Remarks, 8 7 5 0 0 0 5 3 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug. 6
4. *Place of Birth, (Street and Number)* 1317 Eutaw St.
5. *Full Name of Mother,* Louise Murray
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. X. Quinn

Address, 611 Lombard St.

Remarks,

875005379

Wm. J. C. Dulany Co., City Printers and Stationers.

the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 16th
4. *Place of Birth, (Street and Number)* 2011 Ellin st City
5. *Full Name of Mother,* Gussie D Matthews
6. *Mother's Maiden Name,* Gussie D. Boozs
7. *Mother's Birthplace,* Balto md
8. *Full Name of Father,* Isaac S. Matthews
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Balto md

Name of Medical Attendant, or other person who makes this Return, ~~Balto~~ Dr to U.S Dept

Address, ~~Collaxe st~~ City 612 Colleta St

Remarks,

1 8 9 5 0 0 0 5 3 8 0

Wm. C. Dulany Co., City Printers and Stationers.

...ion of its parents, the date and place of birth, and the ...titioner in the form of a certificate between the first and ...Commissioner of Health. In case the birth of any child ...actioner of midwifery, or should no other person be in ...shall become the duty of the person or parents of such ...the manner and within the period above required, and ...mply with the provisions of this section shall be sub- ...recovered as other fines and forfeitures are recoverable.

...third day of each and every month to the office of the Commissioner of Health, in the form of a certificate between the first and ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Ons

RETURN OF A BIRTH. 67811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: George Aloysius Zipperian 7th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 16th 95
4. *Place of Birth, (Street and Number)* 501 S. Sharp St
5. *Full Name of Mother,* Catherine Zipperian
6. *Mother's Maiden Name,* " Erb
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jno. N. Zipperian
9. *Father's Occupation,* Letter Carrier
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Warwick

Address, 801 Lindenhall St

Remarks,

8950005381

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Friday Morning 16th
4. *Place of Birth, (Street and Number)*	West Port Balto Co
5. *Full Name of Mother,*	Rose A Craig
6. *Mother's Maiden Name,*	" " Reed
7. *Mother's Birthplace,*	Balt City
8. *Full Name of Father,*	William Craig
9. *Father's Occupation*	Glass Blower
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
Address,	711 Cross St
Remarks,	

8 9 5 0 0 0 5 3 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

...third day of each and every month to the office of the Commissioner of Health, a certificate, duly signed by the practitioner or midwife, stating the full name of each child, (if any shall have been delivered,) the occupation of its parents, the date and place of birth; and the name and residence of the practitioner in the form of a certificate between the first and second days of each month, which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Son 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 16
4. *Place of Birth, (Street and Number)* Baltimore City 104 Park Ave
5. *Full Name of Mother,* Josephine Perry
6. *Mother's Maiden Name,* Josefsine Spector
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Francis Barnes Perry
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Barry

Address, 711 Druid

Remarks,

1 8 9 5 0 0 0 5 3 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* 16 August 1892
4. *Place of Birth, (Street and Number)* 402 Fawn St
5. *Full Name of Mother,* Mary Williams
6. *Mother's Maiden Name,* Ward
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Francis Williams
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Cuba

Name of Medical Attendant, or other person who makes this Return, Mar E Brooks

Address, 1202 High St

Remarks, Living Well

6950005384

Wm. J. C. Dulany Co., City Printers and Stationers.

When a birth shall occur, the name of each child, (if any shall have been given,) the date and place of birth; and the name and occupation of its parents, the date and place of their marriage, and the name and occupation of the practitioner in attendance upon the mother, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* 2409 E Monument st
3. *Date of Birth,* Aug. 16
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Maggie Gochr
6. *Mother's Maiden Name,* Gorth
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fricdrich Scher
9. *Father's Occupation,* Stonecutter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary A Allwell

Address, 1438 N Bond

Remarks,

8 9 5 0 0 0 3 3 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

...parents, the date and place of birth; and the ...tioner in the form of a certificate between the first and ...missioner of Health. In case the birth of any child ...titioner of midwifery, or should no other person be in ...shall become the duty of the person or parents of such ...the manner and within the period above required, and ...mply with the provisions of this section shall be sub- ...recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 16 August
4. *Place of Birth, (Street and Number)* 413 Mulberry st
5. *Full Name of Mother,* Kate Schulz
6. *Mother's Maiden Name,* Brehmer
7. *Mother's Birthplace,* Germ.
8. *Full Name of Father,* Julius Schulz
9. *Father's Occupation,*
10. *Father's Birthplace,* Germ.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 918 N. Carl St.

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

HY5 0005386

and day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 16/95
4. *Place of Birth, (Street and Number)* 609 S. Regester Str
5. *Full Name of Mother,* Wilhelmina Heuzler
6. *Mother's Maiden Name,* " Kramer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Heuzler
9. *Father's Occupation* Laberer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8950005387

...ed by the practitioner in the form of a certificate between the first and ...e office of the Commissioner of Health. In case the birth of any child ...physician or practioner of midwifery, or should no other person be in ...y thereafter it shall become the duty of the person or parents of such ...er of Health, in the manner and within the period above required, and ...after fail to comply with the provisions of this section shall be sub- ...offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Aug 16-95.
4. *Place of Birth, (Street and Number)* 1003 Fremont Ave.
5. *Full Name of Mother,* Ella Stuckeman
6. *Mother's Maiden Name,* " Lee.
7. *Mother's Birthplace,* Balto Co.
8. *Full Name of Father,* Oliver Stuckeman
9. *Father's Occupation* Motorman on C & E. L. R.
10. *Father's Birthplace,* Balto Co.

Name of Medical Attendant, or other person who makes this Return. O B Perry M D

Address,

Remarks,

H 7500 5388

Wm. J. C. Dulany Co., City Printers and Stationers.

...occupation of its parents, the date and place of birth, and the ... during the ... the practitioner in the form of a certificate between the first and ... of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or ... after it shall become the duty of the person in ... child to report its birth to the Commissioner of Health, ... duly with the provisions of this section shall be sub- ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored race
3. *Date of Birth,* August 16 1895
4. *Place of Birth, (Street and Number)* Bet 1915 Druid St
5. *Full Name of Mother,* Eliza E Smith
6. *Mother's Maiden Name,* Eliza E Thompson
7. *Mother's Birthplace,* St Marys Co
8. *Full Name of Father,* Edward L Smith
9. *Father's Occupation* Carpenter laborer
10. *Father's Birthplace,* St. Marys Co

Name of Medical Attendant, or other person who makes this Return, Sarah E Dot

Address, 612 Collett St

Remarks,

8950005389

Wm. J. C. Dulany Co., City Printers and Stationers.

(d occupation of its parents, the date and place of birth; and the
y the practitioner in the form of a certificate between the first and
ce of the Commissioner of Health. In case the birth of any child
cian or practitioner of midwifery, or should no other person be in
reafter it shall become the duty of the person or parents of such
Health, in the manner and within the period above required, and
fail to comply with the provisions of this section shall be sub-
ence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 16. 1895
4. Place of Birth, (Street and Number) 750 Waterloo St.
5. Full Name of Mother, Mary Freeman
6. Mother's Maiden Name, Mary Stewart
7. Mother's Birthplace, Md.
8. Full Name of Father, James Freeman
9. Father's Occupation, Laborer.
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Louise Eaton M.D.

Address, Res. Phys. Maternité Hygeia Med. College
410 W. Hoffman St.

Remarks,

8 9 5 0 0 0 5 3 9 0

Wm J. C. Dulany Co., City Printers and Stationers.

...parents, the date and place of birth; and the ...ouer in the form of a certificate between the first and ...issioner of Health. In case the birth of any child ...tioner of midwifery, or should no other person be in ...all become the duty of the person or parents of such ...he manner and within the period above required, and ...nply with the provisions of this section shall be sub- ...covered as other fines and forfeitures are recoverable.

...shall occur without the attendance of a physician or practitioner ...attendance upon the mother, immediately thereafter it shall bec... child to report its birth to the Commissioner of Health, in the man... any such person or persons who shall hereafter fail to comply w... jected to the fine of ten (10) dollars for each offence, to be recover...

RETURN OF A BIRTH. 67820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. *Sex, (state whether male or female)* Girle
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 17th 95.
4. *Place of Birth, (Street and Number)* 119 S. Castle Str.
5. *Full Name of Mother,* Kathie Schmidt
6. *Mother's Maiden Name,* " Schmitt
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Fred. Schmidt
9. *Father's Occupation* Molter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

3 9 5 0 0 0 5 3 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 17/95
4. *Place of Birth, (Street and Number)* 2122 Rosex Str.
5. *Full Name of Mother,* Louisa Schaberlein
6. *Mother's Maiden Name,* Frederick
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John G. Schaberlein
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

8950005392

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 67822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female).* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 17th August 1895
4. *Place of Birth, (Street and Number)* 1112 Riverside Ave
5. *Full Name of Mother,* Ella Hall
6. *Mother's Maiden Name,* Hyde
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lewell Hall
9. *Father's Occupation* Tinner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Yewell

Address. 430 E Fort Ave

Remarks,

H95U005393

Wm. J. C. Dulany Co., City Printers and Stationers.

...occupation of its parents, the date and place of birth, and the name of each child, (if any shall have been delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	august the 17 1895
4. *Place of Birth, (Street and Number)*	No 1843 Mt Vernon st
5. *Full Name of Mother,*	Mary murrow
6. *Mother's Maiden Name,*	Mary roner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles E murrow
9. *Father's Occupation*	Labrer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelley
Address,	No 17-32 Wilkins Ave
Remarks,	

B 4 5 U 0 0 5 3 9 4

Wm. J. C. Dulany Co., City Printers and Stationers.

the name of each child, if any shall have
occupation of its parents, the date and place of birth; and the
e practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
ther it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

shall be delivered, duly signed by the physician or midwife in attendance, at the office of the Registrar of Vital Statistics, within the first
third day of each and every month to the office of the Registrar of Vital Statistics, within the first
shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 17th of August 95

4. *Place of Birth, (Street and Number)* Old Frederick Road no Number

5. *Full Name of Mother,* Lay A Kurns

6. *Mother's Maiden Name,* Lay A. Page

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* James J. Kurns

9. *Father's Occupation* Laber

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W. Pratt St

Remarks,

8 9 5 0 0 0 5 3 9 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

...birth of its parents, the date and place of birth, and the ...practitioner in the form of a certificate between the first and ...Commissioner of Health. In case the birth of any child ...practioner of midwifery, or should no other person be in ...it shall become the duty of the person or parents of such ...in the manner and within the period above required, and ...comply with the provisions of this section shall be sub- ...be recovered as other fines and forfeitures are recoverable.

...shall be delivered, duly signed by the practitioner ...third day of each and every month to the office of the Commissioner of Health, ...shall occur without the attendance of a physician or practitioner of midwifery, ...attendance upon the mother, immediately thereafter it shall become the duty of the ...child to report its birth to the Commissioner of Health, in the manner and within the ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67826

CERTIFICATE CORRECTED 10-17-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Cecil Holt Mullikin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) ~~Female~~ MALE
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 17 1895
4. Place of Birth, (Street and Number) 817 N. Mont Ave
5. Full Name of Mother, Helen Mullikin
6. Mother's Maiden Name, Helen Holt
7. Mother's Birthplace, Balto
8. Full Name of Father, Cecil Mullikin
9. Father's Occupation, Clerk
10. Father's Birthplace, Retrd Co Md

Name of Medical Attendant, or other person who makes this Return, A. E. Pole

Address, 2038 Madison Ave

Remarks,

B75U005396

Wm J C. Dulany Co., City Printers and Stationers.

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Aug 17 98.
4. *Place of Birth, (Street and Number)* 1531 Jackson st
5. *Full Name of Mother,* Margaret Donovan.
6. *Mother's Maiden Name,* A. Carr.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father.* Edward Donovan.
9. *Father's Occupation* Tinner
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. W B Bowman MD

Address,

Remarks,

1845000053977

Wm. J. C. Dulany Co., City Printers and Stationers.

the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* august the 17-18-95
4. *Place of Birth, (Street and Number)* Pratt st 1814
5. *Full Name of Mother,* annay rehard
6. *Mother's Maiden Name,* annay Spule
7. *Mother's Birthplace,* germany
8. *Full Name of Father,* Richard rehard
9. *Father's Occupation* glass blower
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 19-22 Wilkins Ave

Remarks,

0750005398

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug. 17 — 1895
4. *Place of Birth, (Street and Number)* 432 E. Wolfe St.
5. *Full Name of Mother,* Mary Aetken
6. *Mother's Maiden Name,* Schlenker
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Aetken
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1127 E. Fratt St.

Remarks,

8950005399

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 17 1895
4. *Place of Birth, (Street and Number)* 216 Canton St.
5. *Full Name of Mother,* Henrietta Kolb
6. *Mother's Maiden Name,* Henrietta Wilcox
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Kolb
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Henry L. Krause

Address, 220 Canton St.

Remarks,

8750005400

Wm. J. C. Dulany Co,. City Printers and Stationers.

...pation of its parents, the date and place of birth; and the ...actitioner in the form of a certificate between the first and ...e Commissioner of Health. In case the birth of any child ...practitioner of midwifery, or should no other person be in ...t shall become the duty of the person or parents of such ...in the manner and within the period above required, and ...comply with the provisions of this section shall be sub- ...be recovered as other fines and forfeitures are recoverable.

...third day of each and every month to the office of the Com... shall occur without the attendance of a physician or practi... attendance upon the mother, immediately thereafter it shall ... child to report its birth to the Commissioner of Health, in the ... any such person or persons who shall hereafter fail to comply ... jected to the fine of ten (10) dollars for each offence, to be rec...

RETURN OF A BIRTH. 67830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 1 17
4. *Place of Birth, (Street and Number)* 1014 Peach Alley
5. *Full Name of Mother,* Jenny Hudson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. K. Bruin

Address, 627 W. Lanvale St.

Remarks,

B 7 5 0 0 5 4 0 1

said schedule for his sex, color, the full name and occupation of its parents, the date and place of birth; and the Commissioner of Health shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 17

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug. 17
4. *Place of Birth, (Street and Number)* 605 Wayne Av
5. *Full Name of Mother,* Mary Scribbens
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Mc J Dick

Address, 67 W Lombard St

Remarks,

B 45000540 2

Wm. J. C. Dulany Co., City Printers and Stationers.

...ascertained the full name and occupation of ... under his or her care during the ... pation of its parents, the date and place of birth, and the ... practitioner in the form of a certificate between the first and ... the Commissioner of Health. In case the birth of any child ... practioner of midwifery, or should no other person be in ... it shall become the duty of the person or parents of such ... in the manner and within the period above required, and ... comply with the provisions of this section shall be sub- ... be recovered as other fines and forfeitures are recoverable.

... this schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commissioner of ... shall occur without the attendance of a physician or practitioner ... attendance upon the mother, immediately thereafter it shall ... child to report its birth to the Commissioner of Health, in the ... any such person or persons who shall hereafter fail to comply ... jected to the fine of ten (10) dollars for each offence, to be recovered ...

RETURN OF A BIRTH. 67832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 17th 1895
4. Place of Birth, (Street and Number) Md Lying in Hospital
5. Full Name of Mother, Stella Wilson
6. Mother's Maiden Name, Stella Wilson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, unknown
9. Father's Occupation, unknown
10. Father's Birthplace, unknown.

Name of Medical Attendant, or other person who makes this Return, L N Known MB MD

Address, Maryland Lying-in Hospital Linden Ave

Remarks,

8 9 5 0 0 0 5 4 0 3

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 18
4. *Place of Birth, (Street and Number)* 622 W Lombard St
5. *Full Name of Mother,* Lavinia Jones
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. M R. Bruin

Address, 622 W Lombard St

Remarks,

8950005404

Wm. J. C. Dulany Co., City Printers and Stationers.

...ich have occurred under his or her care during the ...ined the full name of each child, (if any shall have ...of its parents, the date and place of birth; and the ...ner in the form of a certificate between the first and ...missioner of Health. In case the birth of any child ...oner of midwifery, or should no other person be in ...l become the duty of the person or parents of such ...e manner and within the period above required, and ...y with the provisions of this section shall be sub- ...overed as other fines and forfeitures are recoverable.

...as the same can be ascertained th... ...full name and occupation of its ... ...delivered, duly signed by the practitioner in ... ...month to the office of the Commissio... ...attendance of a physician or practioner of ... ...immediately thereafter it shall becom... ...Commissioner of Health, in the mann... ...persons who shall hereafter fail to comply with ... ...dollars for each offence, to be recovered ...

births which have occurred under his or her care during the
he ascertained the full name of each child, if any shall have
occupation of its parents, the date and place of birth, and the
practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
er it shall become the duty of the person or parents of such
lth, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 18
4. *Place of Birth, (Street and Number)* 622 W Lombard St
5. *Full Name of Mother,* Martha Smith
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return Mary Lee

Address, 622 W Lombard St

Remarks, 8 9 5 0 0 0 5 4 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* W. hite
3. *Date of Birth,* August 16 1895
4. *Place of Birth, (Street and Number)* Duncan alley 209
5. *Full Name of Mother,* Mary Keil
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohaimen
8. *Full Name of Father,* Joseph Keil
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohaimen

Name of Medical Attendant, or other person who makes this Return, Mary Keil

Address, N Washington 209

Remarks,

U 95 0005406

Wm. J. C. Dulany Co., City Printers and Stationers.

shall be delivered, duly signed by the practi... the office of the C... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward Niederhauser

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* ~~Female~~ Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1895 - Aug 18. 5.15 P. M.
4. *Place of Birth, (Street and Number)* 706 Ostend Str.
5. *Full Name of Mother,* Marie Niederhauser
6. *Mother's Maiden Name,* Marie Kuenzi
7. *Mother's Birthplace,* Switzerland
8. *Full Name of Father,* Emil Niederhauser
9. *Father's Occupation* Blacksmith.
10. *Father's Birthplace,* Switzerland

Name of Medical Attendant, or other person who makes this Return, Miss Bange

Address, 7 M Street

Remarks, GIVEN NAME ADDED. 9-8-52

1895 00 05407

Wm. J. C. Dulany Co., City Printers and Stationers.

and occupation of its parents, the date and place of birth; and the full name of each child, (if any shall have been born) of her care during the third day of each and every month to the office of the Commissioner of Health; and the child to report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 August 1895
4. *Place of Birth, (Street and Number)* 1641 Hanover st. Balto Md
5. *Full Name of Mother,* Nanetta Rausch
6. *Mother's Maiden Name,* Nanetta Ann
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Fredrick Rausch
9. *Father's Occupation* Piano maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mizner

Address, 830 Leadenhall St

Remarks,

8750005408

Wm. C. Dulany Co., City Printers and Stationers.

occupation of its parents, the date and place of birth; and the name of each child, (if any shall have been born before) and the name and occupation of the practitioner in the form of a certificate between the first and second days of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Commissioner of Health, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 18/95
4. *Place of Birth, (Street and Number)*	Maternity 113+115 N. Lombard St.
5. *Full Name of Mother,*	Christina C. Arnold
6. *Mother's Maiden Name,*	Christina C. Arnold.
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	"
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return.	Chas. E. Brack M.D.
Address,	113+115 N. Lombard St.
Remarks,	

U 45 0 0 0 5 4 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

and occupation of its parents, the date and place of birth; and the
d by the practitioner in the form of a certificate between the first and
office of the Commissioner of Health. In case the birth of any child
ysician or practioner of midwifery, or should no other person be in
thereafter it shall become the duty of the person or parents of such
of Health, in the manner and within the period above required, and
after fail to comply with the provisions of this section shall be sub-
offence, to be recovered as other fines and forfeitures are recoverable.

the full name of each child, (if any shall have
her care during the
shall be delivered, duly signed by the
third day of each and every month to the office
shall occur without the attendance of a physician
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health.
any such person or persons who shall hereafter fail
jected to the fine of ten (10) dollars for each offence

RETURN OF A BIRTH. 67839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August the 18 1895

4. *Place of Birth, (Street and Number)* north Eutaw st 1102

5. *Full Name of Mother,* Lilley A McCoy

6. *Mother's Maiden Name,* Lilley A Richards

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John L McCoy

9. *Father's Occupation* funeral director

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, 1922 W Fairmount Ave

Remarks,

8950005410

Wm. J. C. Dulany Co., City Printers and Stationers.

...name and occupation of its parents, the date and place of birth; and the ...ascertained the full name under his or her care during ...signed by the practitioner in the form of a certificate between the first and ...the office of the Commissioner of Health. In case the birth of any child ...a physician or practitioner of midwifery, or should no other person be in ...ly thereafter it shall become the duty of the person or parents of such ...oner of Health, in the manner and within the period above required, and ...reafter fail to comply with the provisions of this section shall be sub- ...ch offence, to be recovered as other fines and forfeitures are recoverable.

And schedule shall be delivered, duly signed by the ... third day of each and every month to the office ... shall occur without the attendance of a physician ... attendance upon the mother, immediately thereafter ... child to report its birth to the Commissioner of ... any such person or persons who shall hereafter ... jected to the fine of ten (10) dollars for each offence

RETURN OF A BIRTH. 67840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug. 15. 15, 30. P. M.
4. Place of Birth, (Street and Number) 2030 Herbert str. / Clifton.
5. Full Name of Mother, Katherine Elizabeth Lehr
6. Mother's Maiden Name, Lehr
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, George Lehr
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Langenfelt - Regierungs - Bezirk - Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. B. Krone for the

Address, Mothers Relief Society - 632 N. Fremont Ave.

Remarks,

8 9 5 0 0 0 5 4 1 1

Wm J. C. Dulany Co., City Printers and Stationers.

...occupation of its parents, the date and place of birth; and the ... shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 28th 1895.
4. *Place of Birth, (Street and Number)* 625 Campbell st
5. *Full Name of Mother,* Cassely Gallaman
6. *Mother's Maiden Name,* Wright
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Otho Gallaman
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Hannah Katchett

Address, 609 Campbell st

Remarks,

1895 0005412

Wm J C. Dulany Co., City Printers and Stationers.

and occupation of its parents, the date and place of birth, and the
d by the practitioner in the form of a certificate between the first and
ice of the Commissioner of Health. In case the birth of any child
sician or practitioner or midwifery, or should no other person be in
thereafter it shall become the duty of the person or parents of such
of Health, in the manner and within the period above required, and
after fail to comply with the provisions of this section shall be sub-
offence, to be recovered as other fines and forfeitures are recoverable.
third day of each and every month to the office of the
shall occur without the attendance of a physician
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health
any such person or persons who shall hereafter
jected to the fine of ten (10) dollars for each offence,

RETURN OF A BIRTH. 67842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 August 1895
4. *Place of Birth, (Street and Number)* 109 E Exeter St
5. *Full Name of Mother,* Esther Rosman
6. *Mother's Maiden Name,* Marshelowitch
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Max Rosman
9. *Father's Occupation* Store keeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Schusman

Address, 42 Albemarle St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8950005413

RETURN OF A BIRTH. 67843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 August 1895
4. *Place of Birth, (Street and Number)* 828 E Oratt St
5. *Full Name of Mother,* Nellie Macht.
6. *Mother's Maiden Name,* Jacobson
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Harry Macht
9. *Father's Occupation* Store keeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 42 Albemarle St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

8950005414

...shall set forth as far as the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Aug 18/95
4. *Place of Birth, (Street and Number)*	Waterlite 113+115 N. Lombard St.
5. *Full Name of Mother,*	Mrs. Maggie Curtis
6. *Mother's Maiden Name,*	Maggie Williams
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Alec Curtis
9. *Father's Occupation*	Sailor
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	Lekar. E. Brack M.D
Address,	113+115 N. Lombard St.
Remarks,	

month.
been co.
said schedule shall be delivered, duly signed by the practi
third day of each and every month to the office of the C
shall occur without the attendance of a physician or pra
attendance upon the mother, immediately thereafter it s
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offence, to be

1895005415

Wm. J. C. Dulany Co., City Printers and Stationers

CERTIFICATE OF CAMERA OPERATOR

I HEREBY CERTIFY THAT THE DOCUMENTS REPRESENTED BY THE MICROPHOTOGRAPHS APPEARING ON THIS ROLL OF FILM DESIGNATED AS REEL No. 173.6A WERE PHOTOGRAPHED BY THE UNDERSIGNED ON THIS DATE.

REEL BEGINS WITH 1895-002020

REEL ENDS WITH 1895-005415

BY Linda D. Walker
(SIGNATURE OF OPERATOR)

DATE 8/29/78

PS – 827

HR - RM 25
(6 - 1 - 59) 003406
HALL OF RECORDS COMMISSION